ABSTRACT OF THE

Erasmus Wilson Lectures

ON THE

RELATION OF MORPHOLOGY AND PATHOLOGY.

Delivered at the Royal College of Surgeons,

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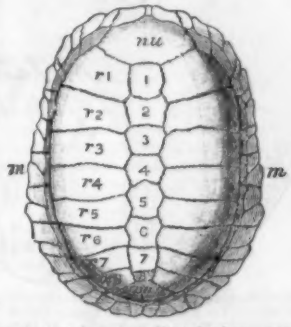
LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—It will be convenient to introduce this course of lectures by a form of parable. Wallace, in his interesting account of the Malay Archipelago, has shown clearly enough that a line commencing in the Indian Ocean and passing between the islands of Lombok and Bali, continued between Borneo and Celebes till it emerges into the Pacific, divides this archipelago into a western or Indo-Malayan and an eastern or Austro-Malayan division. The nature of the animals and plants inhabiting the great islands Borneo, Sumatra, Java, the Philippine Islands, and Bali indicate that these truly belong to Asia. In the same way the islands of Lombok, Celebes, and the Moluccas, with New Guinea, are as clearly Australian. This is the more remarkable seeing that Bali and Lombok are separated by only fifteen miles of sea. In the islands eastward of Wallace's line kangaroos, opossums, wombats, the duck-billed platypus, brush turkeys, cockatoos, and honeysuckers are found. These are mammals and birds characteristic of Australia. On passing from Lombok to Bali, we find barbets, fruit thrushes, and woodpeckers. In Java and Borneo monkeys, wild cats, deer, civets, otters and squirrels, mammals and birds characteristic of south-eastern Asia. In the Celebes and the Moluccas the prehensile-tailed cuscus is the only terrestrial mammal except the wild pig, so that in passing from the western to the eastern islands the naturalist finds himself in a new world. Indeed, this enormous archipelago, though apparently homogeneous, is really made up of parts derived from two distinct continents. We have in our bodies, in a morphological sense, more than one such archipelago, and I shall endeavour to show that several apparently homogenous organs may be subdivided by lines pathologically as characteristic as Wallace's line is justified zoologically, and that regions lying on one side of the line are liable to tumours and morbid conditions unknown or rarely seen as primary affections on the other. The tongue illustrates this in a striking manner. If a line be drawn transversely through this organ, immediately anterior to the foramen cæcum, it will divide it into an oral and pharyngeal portion. The oral portion resembles, in the structure of its mucous membrane and in its diseases, the lips and buccal aspect of the cheeks. The posterior or pharyngeal division resembles structurally and pathologically the adjacent tonsils and fauces; indeed, its mucous membrane may be regarded as an extension of the tonsils, for it mainly consists of mucous crypts surrounded by adenoid tissue. The pharyngeal and oral portions of the tongue not only have separate nerve-supplies, and are at variance anatomically and pathologically, but they differ in their mode of development. The tongue has a double origin. The base or pharyngeal portion arises from bilateral outgrowths from the branchial arches, whilst the tip and adjacent parts grow from an azygous median tuberculum which forms in the meso-branchial area. In the adult the vertical line of union is indicated by the lingual duct, often found passing from the foramen cæcum to the hyoid. This duct represents the original gap between the lateral parts of this segment of the tongue. The pharyngeal is more primitive than the oral portion; its morbid conditions are not only similar to those of the fauces and pharynx, but conditions arise in it which are never found in the front half of the tongue. In the same way the diseases of the oral half resemble those of the lips and cheeks, and some of them are never seen posterior to the line indicated. In the oral portion we find gummata, nævi, the so-called ichthyosis linguæ, warts, epithelioma, herpes, and mucous plaques. The pharyngeal portion presents us with dermoids, adenomata, mucous cysts, lympho-sarcomata, and conditions resembling enlargement of the tonsils. When the pharynx presents varicose veins, the veins in the corresponding part of the tongue are likewise varicose.

Thus morphology and pathology insist that it is incorrect to jumble the diseases of these two parts of the tongue under one heading as is the universal system in text-books on surgery and even in monographs devoted to lingual diseases; it is further clear that clinically the morbid conditions of the two parts are sufficiently distinct and admit of arrangement in separate classes. Our skulls illustrate the relationship between morphology and pathology in a striking manner, and in order to emphasise the composite nature of the bony box which encases the brain it will be well to draw attention to the composition of the carapace in a chelonian. When we examine the carapace of an adult turtle or tortoise, and the fresh-water tortoise (*Emys europæa*) will serve our purpose very well we find, after detaching the epidermis (tortoise-shell), a row of hexagonal bony plates in the middle line; the series is terminated anteriorly by the nuchal and posteriorly by a pygal plate, extending laterally from the median plates is on each side a row of oblong osseous plates, and these are fringed by a series of marginal scutes.

On examining an adult tortoise no one would divine that the carapace which looks so thoroughly homogeneous is as a matter of fact strongly heterogeneous. For instance, in Fig. 1 the median series 1—8 represent the expanded neural spines of the vertebræ, and are of cartilage origin. The lateral plates are expanded ribs, also pre-formed in cartilage, whilst the marginal scutes, including the nuchal and pygal plates, are pre-formed in membrane. We are indebted to the genius and industry of Rathké for the demonstration of

FIG. 1.



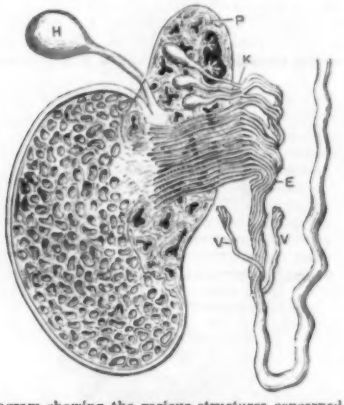
The carapace of a tortoise. 1—8, Neural spines. *m m*, Marginal scutes. *py*, Pygal; *nu*, Nuchal plates.

this curious fact, and it becomes more interesting when we realise that the human skull is as compound as the chelonian carapace. The skull base (Fig. 1) is composed of bones preformed in cartilage, whilst the bones of the vault arise strictly in membrane, and are analogous to the dermal ossifications in the chelonian carapace. Indeed, the mammalian skull is a wonderful compound, consisting of membrane bones which have survived the vicissitudes of a wonderful evolution, intrinsic ossifications of the fundamental cartilage model, dermal bones insidiously interpolated, and a few others of duplex origin. Yet in the adult skull all are so cunningly and intricately interwoven, and so closely similar in their minute anatomy, that no one unacquainted with their ontogeny would for one moment suspect that they were not developed after the same method. Thus the skull is homogeneous in that it is a bony box, but it is thoroughly heterogeneous from a morphological standpoint, and the heterogeneity comes out strongly when dealing with some of its pathological tendencies. Perhaps the most remarkable example of this is seen in rickety skulls. In a longitudinal section of a very rickety skull we find that the thickening induced by the disease attacks those bones preformed in membrane, whilst those of cartilage origin are unaffected or in a few cases somewhat thinned. That this limitation is not accidental is demonstrated by the fact that

this thickening of membrane bones is seen in the rickety skulls of monkeys, lions, tigers, cats, bears, &c. The relation of rickets to the membrane bones of the skull is further illustrated in that remarkable but fortunately rare disease known as leontiasis ossea which is best regarded as a local form of rickets attacking chiefly the bones of the face.

In my next lecture I shall show more in detail that the fibrous membrane known as the tooth follicle which is mainly responsible for the cementum of teeth may become thickened in rickets, giving rise to some forms of odontomes. The value of the morphological method as a basis for the classification of pathological conditions, and its admirable convenience for conveying clear and lasting impressions in teaching, is well illustrated in the case of the testis. The embryological history of this organ establishes the fact that it consists of a secreting portion, furnished with an excretory apparatus, the vasa efferentia, epididymis, and vasdeferens, which originally served as efferent conduits to the primitive kidneys, parts of which become entangled in the compound organ to which the name testis is applied. These entangled remnants of the mesonephros are easily recognised in the fœtal testis, but vary considerably in amount in the adult; these remains are conveniently referred to as the paradidymis. Thus, neglecting the coverings acquired by the testis in its descent, we have for pathological purposes three distinct parts:—(1) the testis proper; (2) the efferent ducts, consisting of three sets; and (3) the paradidymis. These various parts are represented in the diagram (Fig. 2). The

FIG. 2.



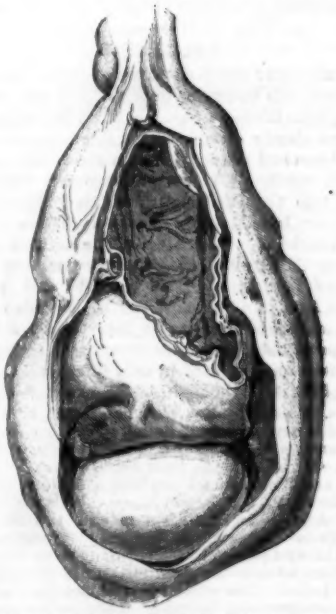
A diagram showing the various structures concerned in producing cysts of the testis. K, Pedunculated tubules. E, Epididymis. V, Vasa aberrantia. P, Paradidymis. H, Hydatid of Morgagni.

efferent ducts consist of three sets. A set of pedunculated structures, not always present, and varying in number from one to three, lying at the top of the testis; these are marked K in the diagram. To these succeed the functional efferent ducts of the testis (twelve to twenty), and finally the ducts known as vasa aberrantia. The paradidymis in its most typical condition consists of convoluted tubes lined with epithelium, sometimes columnar and ciliated. Thus of the various parts belonging to the excretory channels of the mesonephros only a few tubules are put to any use in the adult; some of them with the associated parts of this body persist as *reliquia*.

Of the various cystic conditions which arise in connexion with the testicle many originate in these disused ducts and gland tissue.

1. *Encysted hydrocele of the testis.*—This term is applied to cysts arising in connexion with the testicle, but outside the tunica vaginalis. Such cysts are of two kinds, small pedunculated bodies, usually referred to as supernumerary hydatids of Morgagni. Sometimes they project into the cavity of the tunica vaginalis, but more frequently are situated outside it. When pedunculated such cysts rarely exceed a cherry in size. As a rule one only is present, but two and three are not uncommon. On reference to Fig. 2 it will be seen that these cysts arise in the tubes marked K. Sessile cysts arising in these tubes may attain the size of an orange, and even larger, and so envelope the testis as to be mistaken for a hydrocele of the tunica vaginalis, but dissection during operation for their removal reveals their independence of this tunic. Such cysts may contain clear fluid, or it may be blood-stained, or even contain spermatozoa. The presence of these bodies is accounted for by the close relation of the parts to the general excretory ducts of the testis. The lining epithelium of such sessile cysts may be flattened, cubical, columnar, and even ciliated. The different relations of a hydrocele of the tunica vaginalis and an encysted hydrocele to the testis is represented in Fig. 3.

FIG. 3.



A hydrocele of the tunica vaginalis and an "encysted hydrocele" combined.

In this specimen we find the two conditions associated. It must not be inferred from this that all cystic conditions of the testis outside the tunica vaginalis arise in the tubules. Many of them are due to exudation in unobliterated portions of the funicular pouch, and in very rare instances are the remnants of an old hernial pouch.

Adenomata.—The tumours of the testis which I would place under this heading are those originally described by Astley Cooper as "hydatid disease," and by Curling as "general cystic disease" of the testis. The name "adenoma" is strictly applicable to them; for, as indicated by Mr. Eve[1] and myself,[2] they arise in the paradidymis, which is the admitted remnant of a gland—the mesonephros. Besides this, they are in structure glandular, being composed of epithelial lined spaces and tubular intercommunicating spaces. The intertubular tissue may be fibrous or simple connective tissue; and in some specimens, especially those occurring in the young, plain muscle fibre occurs, sometimes abundantly, thus allying them to congenital renal rhabdomyomata. Usually these tumours are reported as cystic sarcomata, cystic fibromata, or myxomata, all equally unfortunate terms. It may be easily shown that many of these adenomata arise outside the true tissue of the testis, for in most of them the body of this organ is flattened out until it forms merely an attenuated covering to the tumour. An example of this is seen in Fig. 4, taken from a specimen preserved in the museum of St. Mary's Hospital. The distinction between tumour, testis, and epididymis is well shown. It is not my intention to discuss the secondary varieties of these tumours, but merely to indicate that they may be arranged in one group, as suggested by the morphology of the testis, rather than in the arbitrary manner now customary. The tongue

[1] Trans. Path. Soc., vol. xxxviii. [2] THE LANCET, Feb. 5th, 1887.

and testis may be described as organs anatomically homogeneous, but morphologically and pathologically heterogeneous. These are not the only instances which could be used to illustrate this condition; and, as we shall see more fully in the next lecture, the teeth exemplify this view in a striking manner. The enamel, formed from an epithelial structure known as the enamel organ, becomes, as it were, welded upon a papilla derived from connective tissue. Aberrations of the enamel organ give rise to tumours in structure quite distinct from those arising from the dentine papilla; and, as in the case of the tongue, we shall find

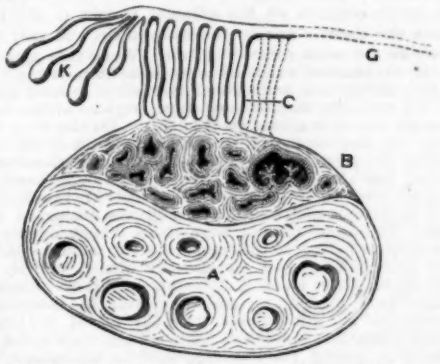
FIG. 4.

A testicular adenoma. E, Epididymis. T, Testicular tissue. T' indicates the lowest extension of the secreting tissue.

that the developmental distinctions serve as admirable ground on which to base a classification of the tumours arising in connexion with teeth.

In order to thoroughly justify my view of the relation of morphology to pathology, I must compare structures or organs anatomically heterogeneous, but morphologically and pathologically homogeneous. A comparison of certain parts of the ovary and testis demonstrates this in a most striking and suggestive manner. In order to make the

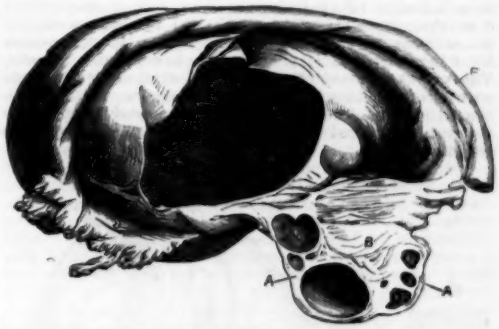
FIG. 5.



A diagram of the ovary in section. A, Oöphoron. B, Paroöphoron. C, Parovarium. G, Gartner's duct. K, Kobelt's tubes.

demonstration convincing, the diagram of the testis (Fig. 2) should be compared with that of the ovary (Fig. 5). For instance, the oöphoron is equivalent to the secreting portion or body of the testis, whilst the paroöphoron and paradidymis are structurally and morphologically identical, and Kobelt's tubes are homologous with the free tubes at the top of the testis, whilst the vertical tubes represent in the parovarium the vasa efferentia testis. It then becomes clear that the small pedunculated cysts so frequently found hanging near the fringes of the Fallopian tube are identical with the small pedunculated cysts near the head of the epididymis, whilst the large sessile cysts (encysted hydroceles) are equivalent to parovarian cysts, not only in their relation to the genital gland, but also structurally, and in connexion with the tubular structures in which they arise. (Fig. 6.) The pathological homology of the paradidymis and paroöphoron comes out in another way. The venous networks in the adult (male and female) known as the pampiniform plexuses arise mainly in these struc-

FIG. 6.



A parovarian cyst. A, Oöphoron. B, Paroöphoron. F, Fallopian tube.

tures, and persistent remnants of the venules which in the early embryo conveyed the blood from the mesonephroi (Wolffian bodies) to the cardinal veins. As the relics of these glands became incorporated with the ovary and testis respectively, so they become translocated from the loin in consequence of the migrations of the organs with which they became permanently associated. Thus varicocele in the male and female are anatomically and morphologically identical. It will now be interesting to ascertain if the parts in the male homologous with the female vulva are also homologous in so far as their malformations are concerned. This will lead us to consider some observations on this subject by Pozzi,[3] relative to the homologue in the male of the hymen. The

FIG. 7.

An imperfectly-developed penis. The median ridge represents the confluent nymphæ.

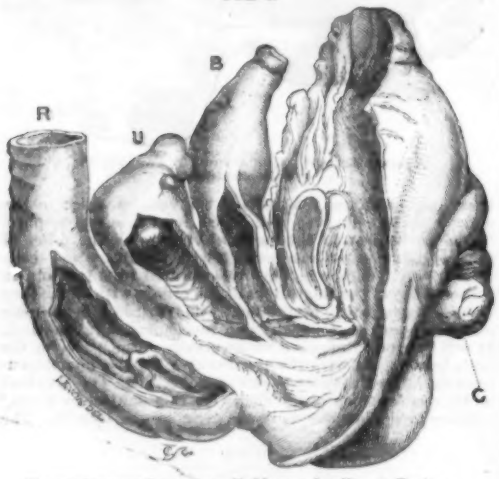
question is one of interest, and I have been induced to follow up the matter. Pozzi's views may be summarised thus: In the female child, and occasionally in the adult, we find running downwards from the clitoris a band of fibrous tissue which divides and surrounds the meatus urinarius, becoming continuous with the hymen. This is the vestibular band. In a male the subject of hypospadias this vestibular band was found by Pozzi to be extremely well marked and to occupy

[3] Annales de Gynécologie, tome xxi., p. 268; 1884. Origine de l'Hymen.

the position of, and indeed to replace, the corpus spongiosum penis. Upon these facts Pozzi comes to the opinion that the vestibular band in the female represents the corpus spongiosum penis in the male, and that the hymen is the homologue of the bulb.

Recently I have dissected the pelvic organs of a so-called hermaphrodite. The parts present a badly shaped penis; running downwards and backwards from the part which corresponds to the glans is a ridge of tissue traversed by a canal capable of receiving a bristle and conducting it to the bladder. This band of tissue is also grooved by a ridge, and sends off two flap-like processes fused on their median aspect. These are the nymphæ. A dissection of the specimen indicates that this ridge of tissue is in an imperfectly developed corpus spongiosum. (Fig. 7.) Behind the bladder is a well-shaped uterus and vagina, but as the appendages have been removed it is impossible to determine the sex. The vagina communicated with the urethra by the sinus pocularis, the orifice being extremely narrow. In this specimen the band of tissue traversed by the urethra represents the vestibular band of Pozzi. A dissection of the parts is shown in Fig. 8.

FIG. 8.



The pelvic organs from a so-called hermaphrodite. R, Rectum. U, Uterus. B, Bladder. C, Clitoris. The arrow traverses the urethral orifice of the sinus pocularis.

If Pozzi's view be correct, we ought to be able to test it in a critical manner—thus: Admitting the bulb in the male to be homologous with the hymen in the female, we ought in some cases of imperforate urethra in the male to find the obstruction situated at or in the immediate neighbourhood of the bulb; or, to put it plainly, an imperforate hymen in the male should obstruct the urethra, such an obstruction should be situated at or about the orifice of the sinus pocularis. As yet I have not met with such a specimen or seen a description of one. Again, if this view be correct, an imperfect hymen in the female ought occasionally to obstruct the urethra, but this is not the case. Two years ago I advanced reasons for the belief that the hymen represents the cul-de-sac of that portion of the proctodæum which forms the vulva in the female, but my friend Mr. Shattock has looked into the matter, and at the last meeting of the Pathological Society put forward a modified view. He suggests that the posterior end of the the confluent Müllerian ducts open into the cloaca on its anterior wall, whereas the proctodæum coalesces with and opens up the posterior wall of the cloaca. This, he argues, is a serious objection to my view. Mr. Shattock further points out that in the specimen which formed the subject of his observation the vagina communicated with the urethra by way of the sinus pocularis, and that a probe carefully introduced into the passage from above showed a valve-like fold of membrane at the point where the sinus communicated with the prostatic urethra. Leuckart's view that the sinus pocularis is the representative in the male of the vagina is accepted by morphologists, and Mr. Shattock urges that this fold of tissue is the homologue in the male of the female hymen, and that it is formed from the anterior wall of the cloaca, and not, as I suggested, from the cul-de-sac of the proctodæum. Mr. Shattock further requires for the demonstration of his view a male with a uterus and imperforate hymen.

Nearly a year ago I dissected the body of a child with a well-formed penis and undescended testes. Behind the bladder was a uterus; the Fallopian tubes were mere threads, and the genital glands were typical testes, as ascertained with the microscope. The uterus was distended with fluid, but the distinction between the vagina and uterus was clearly marked. A probe pushed from the vagina to the urethra emerged at the normal orifice of the sinus pocularis after breaking through a septum, the torn edges being easily made out subsequently. It was in consequence of this obstruction that the uterus had become a retention cyst, as happens in normal females in cases of imperforate hymen.

These facts are clearly in favour of Mr. Shattock's conclusions—viz., that the representative of the hymen in the male is the thin valve-like fold of tissue occasionally found at the urethral orifice of the sinus pocularis, and that the hymen in the male and female represents the spot where the confluent Müllerian ducts coalesce with the anterior wall of the cloaca, and does not belong to the proctodeum as I had previously believed. These things are of interest, because it justifies my contention that the hymen has a morphological value, and is not a mere reduplication of the vaginal mucous membrane.

ABSTRACT

(from a Shorthand Report)

OF A

Post-graduate Lecture

ON

ACNE.

Delivered at Blackfriars Hospital for Skin Diseases,

BY J. FRANK PAYNE, M.D., B.Sc., F.R.C.P.

IN this lecture Dr. Payne described the disease in its various forms, and in referring to the cause of the perverted secretion which produced it, he showed that the distribution of the comedones from which acne punctata arises was very remarkable, and threw considerable light on its causation. He pointed out that they appeared most frequently on the face, and to a slight extent on the lateral part of the neck, but never occurred on the adjacent portion of the neck above the clavicle nor on the hairy scalp, and only very rarely on any parts covered by hair. While they appeared on the sternum and extended down sometimes to the waist or abdomen in men, and showed themselves to some extent on the scapular, deltoid, and spinal regions of the back, they were entirely absent on the flanks. On the limbs they were rare, but occurred, if at all, on the front of the thigh and on the posterior aspect of the arm. All these parts, though not absolutely hairy, were, on the other hand, not entirely free from hair, but abounded in rudimentary hair structures and in sebaceous glands connected with hair. The parts affected were those which, during the course of evolution of the human species, natural selection had succeeded in most instances in almost entirely depriving of their hairy investment, and there sebaceous glands were numerous. Another factor in determining the cause of this disease was the period of life at which comedones were met with. They were quite unknown in young children, appeared in adolescence and puberty, and seemed indicative of developmental changes, not necessarily inflammatory, affecting these rudimentary hair structures. A few cases of acne punctata occurred in unusual parts of the body in children. About four years ago many such cases in children were found in the London hospitals. In one case a healthy lad of thirteen, having no sign of acne in its usual positions, had across the upper part of his forehead an eruption of plugs or comedones thickly clustered together; a few were inflamed, and the skin was oily with sebaceous secretion which passed backwards even into the hairy scalp, clearly resembling the ordinary

comedones without their usual distribution. Some thought it was due to an irritating substance contained in the lining of the hats. That might have occasioned it on the forehead, but it occasionally developed elsewhere on unusual parts—for example, on the legs. They were generally connected with special glandular structures undergoing rapid development, and it might be that some chemical alteration of the blood tended to produce them.

Acne vulgaris was distinguished by the comedones being inflamed, partly from some irritant in the already dilated gland, although this seemed hardly enough to account for the fact that only about one in twelve might be inflamed. The chief cause was believed to be irritation from the micrococci generally found on the skin, but which did not grow unless under some favouring circumstances, like dampness or friction. Their mere presence on the surface was not sufficient to excite inflammation, but when the skin was unhealthy and the nutrition lowered, or when the skin was subjected to injury or friction, then the inflammation began. The presence of saccharine materials in the blood had a great deal to do with the growth of these organisms in the skin, evidence of which was found in the occurrence of boils in diabetes, and he was persuaded that excess of sugar in the food had very much to do with suppurating skin diseases in children. This form of acne vulgaris might also be induced by food of a decomposing nature, and by materials which were produced and reabsorbed in the intestine, a circumstance which explained the well-known and recognised connexion between the severer forms of acne and a too rich diet, wines containing unfermented sugar and beer being notorious in producing the spots. When the inflammation spread to the surrounding connective tissues a very decided scar was left (acne indurata), a proof to some that the inflammation was set up by bacteria. In acne varioliformis it appeared like a small-pox pustule, and was exceedingly like a certain syphilitic affection of the face. Arsenical treatment of this form was valuable both as a means of cure and of diagnosis. The form called "acne artificialis" was due to irritants, either external, like tar, or internal, like the bromides and iodides, did not always start from comedones, and occasionally assumed such extraordinary developments resembling tumours as to lead some years ago to its description as a new form of disease.

The treatment was simple, but not always successful. Patients should be told to wash the parts at night with hot water, using a strong form of soap—soft soap in small quantities where the skin was thick. Friction with a towel should be applied to get the skin to act well and induce perspiration. If the comedones were abundant and were not removed by this, they might be squeezed out with any instrument which might be found suitable. Washing should precede the squeezing, and some lotion or application should be put on immediately afterwards, as the reappearance was due partly to the pressure irritating the neighbouring glands, and partly to some infecting material which spread over the skin. In acne vulgaris this should be supplemented by certain drugs, of which sulphur was by far the most efficacious. Absolutely dry sulphur did not affect the tissues at all, but only began to act when it was absorbed, probably in the alkaline form, and that seemed to be the reason why they found alkaline sulphur lotions the most effective. To meet this, sulphur and lime water were by far the most suitable, the strongest form of which was precipitated sulphur (fifteen grains), glycerine (half a drachm), spirit of camphor (five minims), and lime water to an ounce, which might be diluted if the skin was delicate. When the mixture had been kept a little while it would form a sulphuretted lime solution. The lime water was rather strong for some skins, and rose water might be added. This should be applied with a sponge, cotton-wool, or a rag, and allowed to dry, and then sponged off in the morning, and the skin should not then be washed. If ointments were used they should not be too strong. The sulphur ointment of the B.P. was far too strong for these cases; fifteen grains of sulphur to the ounce of soft paraffin or benzoated lard, with perhaps ten minims of carbolic acid added, would be found more suitable. In order to make it alkaline, fifteen grains of carbonate of potash might be added to the ointment. This treatment, though it might not entirely remove the disease in the case of young people, would succeed in curing attacks as they came on. If there was inflammation, the sulphur might be found too strong, and it would be necessary to use the perchloride of mercury, half a grain, and almond emulsion to one ounce, which formed a very pleasant application. Lead or zinc lotions might be used where there was much inflammation, but lead was not a desirable application for the face, as gas sometimes caused it to turn black, and it should certainly never be used in combination with sulphur, a mixture which formed a favourite wash to darken the hair. Zinc and bismuth seemed to have equal effects on the skin; twenty grains of subnitrate of bismuth, one drachm of glycerine, and rose water to one ounce, or oxide of zinc might be substituted for the bismuth. In the internal treatment we were guided by the condition of the patient, and change of diet would in some cases be sufficient to stop the suppuration of the skin. Beer and sweet wines should be avoided, and patients should be kept very persistently on a purgative regimen. Magnesia and similar purgative salines were recommended in the form of Friedrichshall water as being very good for clearing the face. Sulphur internally was very beneficial and had a remarkable effect in acne indurata. In very anæmic people, iron combined with some laxative should be given. A mixture composed of two grains of sulphate of iron, five minims of dilute sulphuric acid, and twenty grains each of magnesium sulphate and soda sulphate, in an ounce of peppermint water, was exceedingly useful for these patients. Arsenic also benefited them and stimulated the skin. Some cases of this disease seemed to be benefited only by a good deal of really hard exercise. Gutta rosea or acne rosacea and its hypertrophic form were briefly alluded to. The outward manifestations of this form might be cured if they could not cure the original conditions. It occurred mostly in youth or middle life, and was related to derangement of some abdominal organ like the stomach or the uterine organs. A reflex hyperæmia was produced by dyspepsia or derangement of other organs, and on the basis of this other inflammations occurred, and were largely kept up by the presence of an irritating substance in the blood. In treating this form the internal organs should be examined; and if the stomach were deranged, bismuth was far more suitable than any other medicine whatever, and fifteen to twenty grains of the subnitrate two or three times a day, with tragacanth and peppermint water, might be given. A little carbonate of soda might be added, although it causes the mixture to effervesce while it is being mixed. If the menstrual functions were irregular, cure was not obtained until the morbid condition was set right. Dr. Jamieson of Edinburgh regarded bromide of potassium as being the best remedy. The external treatment should consist of mild bismuth or zinc lotions, and the pustules might be incised, and a very small quantity of carbolic acid or nitrate of mercury applied. After a little while a mild form of sulphur lotion was useful. The skin began to peel, and the disorder was cured. As regards acne rosacea hypertrophica, the treatment was entirely surgical. The lecture was illustrated by drawings.

CHLORALAMIDE AS A HYPNOTIC, WITH SPECIAL REFERENCE TO ITS ACTION IN THE INSANE.

BY S. A. K. STRAHAN, M.D., L.R.C.P.,
BARRISTER-AT-LAW; ASSISTANT MEDICAL OFFICER TO THE COUNTY ASYLUM, NORTHAMPTON.

THERE is perhaps no therapeutic agent which attracts so instant and universal attention as a new hypnotic. This may be accounted for either by the fact that we have not yet discovered a perfect sleep producer, or because of the increasing demand for such drugs created by our present exciting, feverish, highly artificial mode of life, or perhaps both; but, whatever the cause, the fact remains, that no new drug receives that immediate and careful attention given by the whole medical world to "the latest hypnotic." Since chloral came (a gift from the gods) to replace as a hypnotic the time-honoured opium and its foster brothers, cannabis, henbane, and the like, many new preparations have been discovered and tried, with more or less success; yet, notwithstanding the fact that twenty years have passed since Liebreich introduced chloral, it has been only within the past few years that any preparation

has been discovered able seriously to contest the field with the drug now fast approaching its majority. Of all the somnifacients discovered of late years I should say that none is likely to prove a more certain sleep producer, and at the same time more innocent and agreeable otherwise, than chloralamide, the last introduced hypnotic. This drug I have already administered over two hundred times, and, so far as I have been able to observe, its action is almost exactly that of chloral, minus that depressant action on the heart which renders chloral so dangerous in many, and totally inadmissible in such a large number of cases. This is but what we might expect from the composition of chloralamide, the formamide element as a stimulant counteracting the depressant action of the chloral. Kny of Strasburg has explained this absence of depressing action on the supposition that the free alkali of the blood splits up the chloralamide into chloral hydrate and formamide, and that the stimulating action of the latter counteracts the depressing action of the former upon the medullary, cardiac, and respiratory centres. In my hands chloralamide has proved as certain, though not as prompt, an inducer of sleep as chloral itself. In doses of from thirty to fifty grains it induced sleep in almost every case, even in patients suffering from extreme maniacal excitement, and in no case where it failed to induce sleep did it excite; in every case it calmed the patient more or less. From thirty-five to fifty grains were sufficient in nearly every case to give from five to ten or more hours' refreshing sleep, and fifty-five grains never failed to gain some sleep even in the worst cases—such as those passing through an attack of subacute mania, or those suffering from the excitement and restlessness following epileptic seizures. The sleep so induced was calm and refreshing, without being heavy, as shown by the fact that the sleeper could at any time be awakened and made to answer a question, protrude the tongue or the like. Sleep in most cases set in about from an hour to an hour and a half after taking the medicine, but in some cases it appeared as early as twenty minutes after taking the draught, while in others it was deferred for three hours. In two cases I noted that on the following day there was some little drowsiness, and in several cases it was remarked that patients slept on the next night following without any medicine, contrary to their custom. So far as my observations went, chloralamide did not in any way affect either pulse, respiration, or temperature. Although inquired after in every case there was no single complaint of headache on awakening, nor was there any appearance of those most disagreeable ataxic symptoms so frequently seen following the use of sulphonal. The appetite in all cases remained unimpaired—indeed, in three cases of melancholia the patients made flesh and improved somewhat rapidly in appearance while taking the drug. This was probably due to the rest of body and mind obtained, but it nevertheless proved that in these cases at least there was no gastric disturbance of any kind created.

In one case of general paralysis in its last stage thirty-grain doses only gained short periods of sleep accompanied by calm; and it is to be noted that in this case the first dose was followed by the disappearance of hiccough, which had persisted for over thirty-six hours—a not uncommon symptom in such cases. In a case of severe (climacteric) dysmenorrhœa in a sane patient a thirty-grain dose allayed to a certain extent the pain and induced a light sleep, frequently broken by the exacerbations of pain; but on following nights the dose was increased to forty grains, which gained from eight to eleven hours' unbroken and refreshing sleep. In another case, where the patient, also sane, suffered from facial neuralgia accompanying the menstrual flow, a dose of forty grains relieved the pain and gained a good and prolonged night's rest. These cases would tempt us to hope that in chloralamide we may find an allayer of pain as well as an inducer of sleep; but further experiment is necessary before anything definite can be said as to its analgesic properties. As will be seen from the brief notes of some of the cases given below, the drug acted almost equally well in all cases; indeed, Case 10, that of a phthisical chronic maniac, is almost the only one in which the result of a forty-five-grain dose was not favourable; and this case, if we exclude the mental element, would seem to bear out the experience of Hagen and Hufler, who found that chloralamide was frequently of little or no use in the insomnia of phthisis. One strong point in favour of the new drug is that, in every case in which it failed to induce sleep, it calmed the patient, rendering him less noisy, restless, and destructive; yet I must say that, in maniacal cases, it did not appear to in any way reduce the excitement for more than an hour or two after the sleep induced had passed off. So soon as its hypnotic influence wore off, the excitement reappeared, and the patient returned to the condition present before the exhibition of the drug. In two cases of recurrent mania it did certainly appear to cut the maniacal period short, but of course it is impossible to say that this was really so. This want of prolonged calmative effect was well seen in an epileptic (Case 6), where, as a hypnotic, it acted remarkably well, but where the excitement always returned a few hours after awaking; yet in two other epileptics, where there were but sleeplessness and restlessness, it produced a certain amount of calm and restfulness on the day succeeding its exhibition. Moreover, in those cases of melancholia in which it was given, it seemed to have a soothing effect upon the mental symptoms after its hypnotic effect had passed off, lessening the restlessness and depression, and, as they ate well, causing a general, though slight, improvement in their bodily condition.

The result of my observations might be summed up thus: 1. Chloralamide is a very effectual hypnotic. 2. It appears to have no depressing effect whatever on the heart. 3. The dose is about thirty-five to forty-five grains; but fifty-five grains may be given with safety. 4. It should be administered an hour or an hour and a half before the time sleep is desired. 5. Its action is in some cases deferred so long as three hours, even in cases where it gains prolonged sleep. 6. No ataxic symptoms or headache follow its use. 7. It does not affect the digestive system. 8. It is a very useful and safe hypnotic, and may be given to paralytics whatever their stage. 9. In my opinion it is equal, but in no way superior, to paraldehyde, save that it is much pleasanter to take, and does not impart to the breath any such disagreeable odour as does the latter drug.

CASE 1.—Male, epileptic, aged thirty-four, with pneumonia. Restless and sleepless day and night. A twenty-grain dose after forty minutes produced sleep, which lasted only fifteen minutes. At 9 P.M. thirty-five grains were given; slept from 9 till 6.30 A.M. Same dose repeated on the following three nights with like success. Excitement wore off. Tongue cleaned and appetite improved. Recovered.

CASE 2.—Male, epileptic dement, aged seventy-four, with fractured humerus. Gets no sleep and is continually tearing off bandages &c., taking paraldehyde in eighty-minim doses with success. Chloralamide ordered in thirty-five-grain doses and continued for twelve consecutive nights without one bad night or restless day; no sign of tolerance being established; recovered.

CASE 3.—Male, general paralytic in last stage, aged twenty-nine. Out of bed all night. Hiccough, which had persisted for thirty-six hours. First dose of thirty-five grains did not induce sleep for three hours and a half, and then it only lasted two hours, but the hiccough disappeared and he was more restful. On the following two nights like doses gained four and five hours' sleep, and when not asleep he remained in bed. Next day vomiting of bilious matter occurred, and as he was sinking the drug was not repeated. Died two days later.

CASE 4.—Male, general paralytic dement, aged thirty-nine. Sleepless and restless day and night. In this case thirty-five to forty grains invariably gained from six to nine hours' sleep, and did not affect a large appetite.

CASE 5.—Male, chronic maniac, aged fifty; a physical giant, passing through one of his periodic attacks of excitement. Sings and shouts all night and tears everything to shreds. Ordered forty grains, and slept all night. Next night had same dose at 8 P.M. Slept from 11.15 till 6.30 A.M. Excited as before at 10.30 A.M.; dose repeated, and slept from 11. Was awakened at one and took good dinner. Slept again until 6 P.M., when he woke up and took tea. Afterwards he slept most of the night. Next night had no medicine and did not sleep. On the following nights forty-five grains procured from seven to nine hours and a half's sleep, and his attack was believed to be very materially shortened, while the usual loss of flesh and exhaustion were absent.

CASE 6.—Female, epileptic, aged twenty-three. Out of bed and shouting all night. First dose of thirty grains after half an hour gained one hour and a half's sleep, after which she was about her room and talkative. Same dose procured several hours' sleep next night, and the excitement abated. Nine days later, after having fits, she had another attack of excitement. After two noisy nights thirty-five

grains were given at 12.15 noon. Went to sleep at 3.15 and slept till 8.30 next morning—seventeen hours and a quarter. After seven hours' sleep she was shaken and answered questions and protruded the tongue. At the end of the seventeen hours and a quarter's sleep she awoke, with clean, moist tongue, and took good breakfast; calmer. On the next night thirty-five grains gained twelve hours' sleep, but on the following evening the noisy excitement returned, and the drug had to be repeated.

CASE 7.—Female, aged forty-four; recurrent mania. Sings and screams all night. A thirty-grain dose produced only two hours' sleep, but she was quiet all night. Next night thirty-five grains gained three hours and a half's sleep, and on the following night a like dose induced sleep lasting seven hours and a half. This dose was repeated on nine consecutive nights, and usually induced sleep in about an hour and a half, which lasted from four to six hours; dose then increased to forty grains, upon which she slept as a rule from seven to nine hours, but during the day she was excited and violent (and also stronger) as when without medicine, and getting no sleep.

CASE 8.—Female, aged sixty-eight; relapsing mania of nine years' standing; passing through one of her acute attacks. In this case the excitement was extreme. Doses of forty-five grains were repeated nightly for fifteen nights, and generally procured from six to nine hours' sleep. The excitement always returned by noon. On the eighth day she was purged; drug continued and diarrhœa disappeared. On the sixteenth night eighty minims of paraldehyde were given, without sleep; the following night forty-five grains of chloralamide gained seven hours' sleep.

CASE 9.—Female, aged thirty-seven; relapsing mania; passing through period of excitement. At first, when excitement was at its height, forty grains produced calm and quiet, broken sleep, and as the excitement wore off she slept on the same doses from seven to nine hours. Attack noted as materially shortened.

CASE 10.—Female, aged twenty-one; phthisical and emaciated; a chronic maniac; reported noisy every night for weeks past. A thirty-grain dose was first tried, and after an hour she slept a little over an hour, and was quiet the remainder of the night. Dose increased to forty and forty-five grains with little success. She never got more than two or three hours' unbroken sleep. Appetite not impaired.

CASE 11.—Female, aged thirty-four; continued subacute mania; indecent and filthy in habits; violent and destructive at times. A thirty-five grain dose procured broken sleep, with continued quiet. Forty grains, after from thirty to forty minutes, gained usually from four to six hours' sleep, and during the remainder of the night she would be quiet. When the dose was increased to forty-five grains she slept from eight to ten hours, but during the day the excitement continued.

CASE 12.—Female, aged sixty-five; acute melancholia; she moans and prays continually when not asleep. Doses of thirty grains on first four nights gained only from three to five hours' sleep, but afterwards the same doses procured from seven to nine hours' sleep, and she gained strength and flesh. Later still forty grains induced sleep, lasting from eight to ten hours. Depression somewhat reduced.

CASE 13.—Female, aged fifty-four; melancholiac; gets very little sleep; groans continually when awake. In this case thirty-five grains would procure from seven to nine hours' sleep; the next night she would sleep five or six hours without medicine; and the third night she would be sleepless again, and so on. With doses on alternate nights she slept fairly well, ate better, improved bodily, and was less depressed during her waking hours.

CASE 14.—Aged forty-six; sane; dysmenorrhœa; had no sleep for some nights. Dose of thirty grains. Slept all night, sleep coming on an hour and a half after taking medicine. Bright and cheerful next day; no headache. On the following night no medicine, and only slept an hour and a half. Next night thirty-five grains induced sleep, which was broken by exacerbations of pain. Two nights later the same dose gained ten hours' sound sleep.

CASE 15.—Female, aged forty-six; melancholiac. When about to go to sleep feels as if the bed was sinking under her and starts suddenly. Gets little sleep and looks very dull. In this case thirty-five grains invariably induced from seven to ten hours' sleep, after which she was more bright and cheerful.

CASE 16.—Male, aged thirty-five; melancholiac. Most determined suicidal impulse. He seldom gets any natural sleep. In this painful case from forty to forty-five grains invariably procured from seven to ten hours' sleep, which set in about an hour after taking the drug. After taking chloralamide for twelve consecutive nights he looked rather better, and was somewhat less miserable and depressed.

CASE 17.—Female, aged thirty-seven; a most violent and destructive chronic maniac. Could only be induced to take medicine at times. When she did take it forty-five grains procured about five or six hours' sleep, and she was calmer on the following days.

CASE 18.—Female, aged thirty-six; melancholiac, with stupor. Refuses her food. In this case thirty-five grains gained from five to eight hours' sleep, and forty-five grains from eight to ten hours. The appetite improved, and the depression became less extreme.

CASE 19.—Male, aged fifty-one; acute melancholia, greatly emaciated. Has to be fed. Delusions of poverty. Will not lie in bed because he cannot pay for it. First dose of thirty grains only induced sleep after an hour of fifteen minutes' duration, but same dose repeated at night, nine hours after first dose, gained a good night's rest. Next day he was more easily fed, and did not moan and complain continuously as before. For twelve consecutive nights forty grains procured unbroken sleep of from eight to ten hours' duration, and the mental state improved somewhat, also the bodily.

CASE 20.—Female, aged sixty-two. During an attack of subacute excitement, with sleeplessness, forty grains procured about eight hours' sleep to herself, and peace and quiet to those around.

CASE 21.—Male, aged nineteen. Sudden outbreak of maniacal excitement. Forty grains were given, and he slept nine hours, after which he was calm and tractable. The excitement did not return.

CASE 22.—Male, aged fifty-six. Continued subacute mania. Auditory hallucinations, and talks until hoarse. In this case forty-five grains always procured a good night's sleep of from eight to ten hours, but during the waking hours he carried on a continuous conversation at the top of his voice.

CASE 23.—Female, sane, aged nineteen. Facial neuralgia. Menstruating. Thirty-five grains at bedtime relieved pain, and procured a good night's rest. Neuralgia did not return.

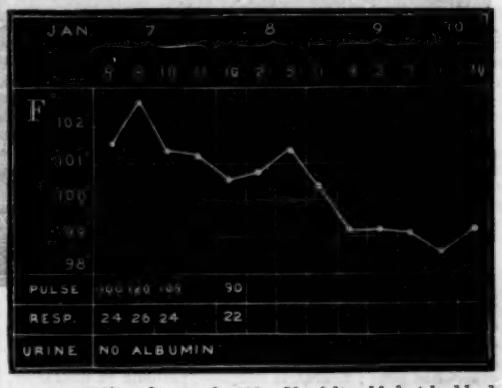
Northampton.

RANGE OF TEMPERATURE IN INFLUENZA.

BY G. CHARLES WILKIN, L.R.C.P.L., M.R.C.S.

CASE 1.—A. K——, female. Appeared ill on Jan. 7th, but did not complain of anything until between 1 and 2 P.M. She then complained of pain in the back, frontal headache, itching of eyelids, lassitude, and frequent micturition. Her temperature between 2 and 3 P.M., before she went to bed,

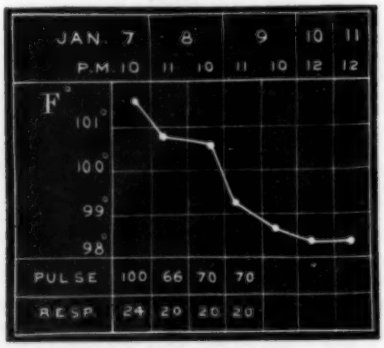
CHART 1.



was over 100°; pulse nearly 100. She felt cold, but had had no shivering. The patient was put to bed, and ordered salicylate of soda (ten grains) every two hours for four doses. Soon after the first dose the headache was relieved, and after the third the temperature began to fall, and the skin

broke out into a profuse perspiration.—Jan. 8th: Temperature 100·6°, pulse 90, respiration 22. White fur on tongue, breath offensive, skin moist. Saline aperient ordered; acted freely. Ten grains of salicylate of soda were prescribed at 10 A.M. and again at 2 P.M., after which a mixture containing five grains of salicylate of soda, bark, and spirits of chloric ether, every three hours. After the fourth day bark and spirit of chloroform three times a day. The pains left the patient after the skin began to perspire freely, and this morning she complained only of feeling weak. There was a slight rise in the evening temperature

CHART 2.



on the 10th, but this being the first day of her leaving her bed probably accounts for it, as it was not followed by any further rise. Diet was milk-and-soda and a little beef-tea. On Jan. 9th she had fish, and so on. (See Chart 1.)

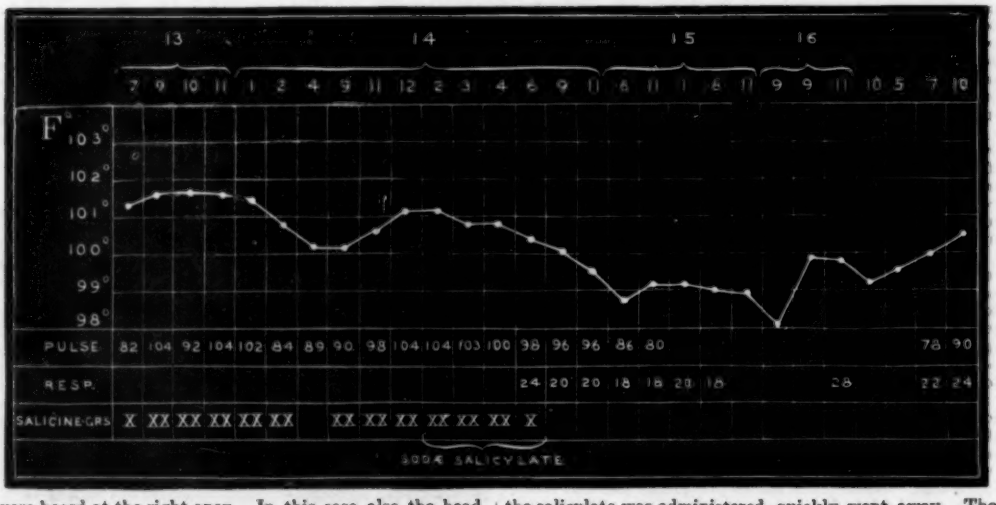
CASE 2.—J. W—— (Jan. 7th), brother to the former patient, but not living in the same house, though constantly seeing each other, complained of pain in the back, frontal headache, pain in the eyeballs, and general malaise. The treatment was the same as in Case 1; the diet was the same. This patient had a bad cough for some days before the attack. The chest was resonant, and a few sibilant rhonchi were heard at the right apex. In this case also the headache was relieved after the first dose of salicylate of soda, and the pains subsided, when the skin perspired freely. The pain in the eyeballs lasted for some time after the others had gone; neuralgia followed, periodic in character, coming on between three and four o'clock in the afternoon, and remained till night. (See Chart 2.)

CASE 3.—G. W——, aged twenty-one, brother to the two previous cases, living in the same house with Case 1, began suddenly to suffer on midday, Jan. 9th, being quite well up to a short time previously. He was taken with shivering fits, frontal headache, pain in the eyeballs and pain in his back; these pains for some time were very severe. There was slight conjunctivitis, which passed off as the pain became easier. Pulse 94, irregular in force and frequency, the slightest movement increasing its rate; later on the pulse became intermittent. Bowels open; tongue clean. Urine amber-coloured, clear; no sediment on cooling; no albumen. In this case the headache was only slightly relieved by the first dose of salicylate; it required eight doses to remove it and the pain in the eye. When the temperature was rising on the evening of Jan. 10th (second day) one dose of twenty grains of salicine was tried, with no appreciable effect. After the last dose but one of salicylate, deafness began, and remained, accompanied by a confusion of noises, for many hours. Five grains of calomel were administered on the evening of the 10th; bowels well opened on the next morning. Temperature fell regularly on the 11th, and remained down. During the fever considerable relief was found for the headache, especially the frontal and orbital pain, by the inhalation of menthol.

CASE 4.—M. E. W——, female, aged twenty-seven, married. The attack commenced suddenly with shivering, pains in limbs and back, frontal headache, and malaise. Had been feeling unwell for days; catamenial period had stopped a day or so before, and this, together with the fact that she had been through her illness, might account for feeling not quite right; any way, she had appeared well up to midday. In this case during the attack there were two noticeable facts worth recording. First, the great and continued pain, especially in the calves of the legs; and, secondly, the pulse, which was all through weak, irregular, and intermitting. The sense of smell and taste were impaired from the beginning. Shortly after the commencement of the disease, and several times during the first and beginning of the second day of the attack she had the desire to micturate, without the power of doing so, the desire passing off as soon as she attempted to void urine. The urine was fair in quantity, clear, limpid, and contained no albumen. On the morning of the 14th she complained of pain on moving the right arm; this continued for some hours, and then passed off with the other pain. Salicine was tried in this case, but not only was its effect doubtful on the temperature, but it also had little or no influence in relieving the pains, which, when the salicylate was administered, quickly went away. The fever was accompanied with slight lacrymation, occasional sneezing (which, as it was a constant habit in health, cannot be taken much note of), and towards the end of the first twenty-four hours a slight cough. Soon after the second dose of salicylate the skin began to get moist. The salicine had produced no moisture of skin; this being the more noticeable as the patient in health perspired freely when warm in bed.

On the evening of the 16th, after sitting on the couch for a short time in the afternoon, the temperature rose slightly

CHART 3.



and the respiration became more rapid. Bronchitis had set in; this ran a favourable course, the highest temperature recorded being 101·2°. The patient is now doing well. (See Chart 3.)

CASE 5.—A. E. W——, female, married, aged fifty-five. This, though mentioned last, was the first case by four or five days. The symptoms were so slight that no record of temperature was kept, the thermometer never rising over 100°. Had it not been for the other cases, I should have hesitated in saying it was influenza. Neuralgia followed in Cases 2 and 3, which in Case 3 has been relieved by the inhalation of menthol; this has not been tried in Case 2.

In conclusion, I may say that though these five cases occurred in the same household, there were seven other members unaffected, two of whom certainly were exposed to the air, saturated with the exhalations of the patients, for a considerable time.

Hyde-park-street, W.

INTERSTITIAL EMPHYSEMA IN PARTURITION.

BY JOHN J. REDFERN, M.A., M.D., M.A.O.

F. S——, a healthy, muscular, and well-developed primipara, aged twenty-six years, was taken in labour at full term at 4.30 A.M. on Sept. 15th last. I was called at 7 A.M., and found the os uteri slightly dilated, and the pains fairly strong. They succeeded each other at intervals of about twenty minutes, becoming more frequent in the early afternoon. At 2 P.M., as the patient was getting tired, and the os uteri only dilating slowly, she was given a draught containing ten grains of hydrate of chloral, which was repeated in half an hour. She dozed lightly at intervals, and at 4 P.M. the pains became much stronger and more prolonged. The os uteri was now fully dilated, but the head becoming engaged in the brim the labour proceeded slowly. About 5 P.M. the membranes were ruptured with the finger nail, and an average quantity of fluid came away. The pains now succeeded each other at intervals of a few minutes, and were much stronger, the patient holding her breath, and bringing the accessory muscles of respiration into action. About 5.30 P.M. she complained of a sore feeling in the throat, and for this (as the true significance of this symptom was not recognised) she was given warm drinks. She had no vomiting. Shortly afterwards the right eye was noticed to be puffed, and this puffiness extended to the right side of the face so as to obscure the usual facial landmarks. By this time the patient showed signs of great exhaustion, though no special attention was directed to the respiration. The puffiness and exhaustion becoming more and more marked, forceps were applied without chloroform and the labour terminated at 7 P.M. The child was a healthy male about the average weight. After applying the binder, inspecting the perineum which was intact, and giving an ergot draught, the face, neck, and thorax were carefully examined. The patient complained of swelling of the right eye, the face and neck, and of a "sore feeling" over the upper half of the chest. She was distinctly hoarse. The tissues round the right eye were much swollen, and on pressure gave the crackling characteristic of emphysema. The left eye was less affected. The face (including both cheeks and the forehead), the anterior and antero-lateral aspects of the neck (extending backwards on each side as far as the posterior margin of the sterno-mastoid muscle), as well as the anterior surface of the thorax (as far laterally as the axillary line and inferiorly as the mammæ) were swollen considerably. They pitted slightly on digital pressure, and gave the characteristic emphysematous crackling above alluded to, which was both felt with the finger and heard by auscultation over the affected regions, both on pressure and over the thorax with the respiratory movements. The mammæ were unaffected. The patient passed a restless night and in the morning renewed her complaint of soreness over the chest and neck. She was directed to have the swollen surfaces rubbed with oil and to have complete rest. That evening there was no change. She had a better night, and next morning the swelling had considerably diminished, and the patient expressed herself as feeling better. From this time she made an uninterrupted recovery, and got up at the end of the second week. Some abrasion of the mucous membrane of the trachea or larynx, or bursting of pulmonary air vesicles most probably gave admittance to the air in this instance. The hoarseness and soreness of the throat, which were both marked, seem to favour the former alternative. But it is noteworthy that the loose subcutaneous tissue about the orbits and neck was the first to suffer, and that in this case there were no respiratory symptoms.

Such cases are extremely rarely met with, very little being said of interstitial emphysema in the obstetric text-books usually read. Spiegelberg, indeed, says that the occurrence "has no great importance for the woman concerned." Barnes records "emphysema of the neck perhaps extending widely," which he has seen "several times" produced by the use of ergot, "causing violent reflex straining." Tarnier and Cazeaux mention its occurrence as rare, and say that the rupture may occur in the larynx or trachea. If the emphysema extend to the body and limbs, it may through pressure occasion suffocation. They record no death, but refer to a case of M. Depaul's where "respiration became suddenly short and difficult, and the pulse small and extremely rapid." M. Depaul delivered by forceps, but the patient died in forty-six hours. At the necropsy there was emphysema of the cellular tissue of both lungs. They recommend delivery by forceps to prevent the affection spreading. Spiegelberg refers to "cases in which the sternum has been fractured, and emphysema of the neck, face, and thorax caused by bursting of the pulmonary air vesicles." Sinclair and Johnston record seven cases amongst 13,748 births. Mr. T. W. Hubbard recorded a cases in a primipara in 1878, in which the emphysema extended over the face, neck, and chest, the left eyelid being nearly closed. The patient complained of "difficulty of breathing and choking," and was delivered by craniotomy. She was "much exhausted," but made a complete recovery in ten days. In 1885 Dr. A. C. Miller recorded two cases, both primiparæ. "The face was swollen and the breathing gasping." There was collapse. Delivery was by forceps. Gradual recovery took place in ten days. In the same year Dr. J. Hunter recorded a case attended by pain in the throat, "attributed to the powerful way in which she used her buccinator muscles." The labour in this case was "duly completed," but next morning emphysematous puffing of the right side of the neck and upper part of the chest was observed. Examination of the mouth showed a "small surface denuded of mucous membrane with surrounding emphysema," to which abrasion Dr. Hunter attributes the entrance of the air. Mr. Frank S. Watson in 1885 reported a similar case due to asthma.

In the above cases the emphysema was of the face, neck, and chest, but Kiwisch and subsequently McClintock have called attention to an even rarer form in which it occurs, as "subperitoneal emphysema of the anterior surface of the uterus (especially of its lower segment) or of one of the iliac regions, generally the left." "The air either enters from without through the tear during the intra-vaginal manipulations, or else results from putrefactive changes in the fœtus (Dohrn, Löhlein)." All such recorded cases have proved fatal. When due to intra-uterine development of gas the air may pass into the abdominal cavity and cause sudden death. This subserous emphysema must be carefully diagnosed from simple putrefactive intra-uterine emphysema of the fœtus.

Consideration of the recorded cases teaches us (1) that emphysema in parturition is rare, and is usually of no great importance when limited in extent; (2) that it spreads rapidly unless the labour is completed, and that then the prognosis becomes grave; (3) that labour should therefore be terminated by instrumental means as soon as possible; (4) that when the excessive muscular exertion ceases the emphysema gradually subsides by absorption of the air.

The case I record illustrates these points, though it differs from some of those previously recorded, especially in the absence throughout of any respiratory trouble, and the presence of hoarseness. I am indebted to my friend and former teacher, Dr. John W. Byers, for his kind aid in preparing the following Bibliography.

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Croydon.

ON ACUTE FOLLICULAR TONSILLITIS.

BY ANDREW DUNLOP, M.D.,

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THOUGH follicular tonsillitis is well known as a throat affection, yet the history and characteristics of an acute form of the disease have not been quite clearly pointed out, and in consequence it does not seem to have been accorded its proper place in our nosology. Notwithstanding, the disease is an interesting one, both on account of its frequent prevalence as an epidemic, and of its apparent relationship to diphtheria. In typical cases the attack is ushered in by malaise and rigors, accompanied with, or, what is more usual, followed by sore-throat, which generally sets in about twenty-four hours after the beginning of the illness. If the throat is examined soon after soreness has been first felt, the tonsils are found to be reddened and somewhat swollen; they may be still free from any excessive secretion, or on one or both of them two or three rounded, yellowish-white spots may be seen—the orifices of follicles filled with a material closely resembling cream cheese in colour and consistence. Probably a swollen gland is observed under the angle of the jaw on one or perhaps on both sides; the tongue is generally furred, the appetite is not good, and there is general malaise. In slight cases there is little or no fever, but sometimes the temperature rises to over 102°. On the third day in many cases the symptoms are on the decline; while in others which are more marked both tonsils are now showing yellowish-white spots, and perhaps some of the secretion has escaped from the follicles and spread itself over the tonsil. There may be increased swelling of the glands below the angle of the jaw, only one gland on each, however, being in general affected. With the subsidence of the disease on the third or fourth day the temperature falls to normal, and the secretion on the tonsils disappears more or less abruptly. Some swelling and redness is still left, but this gradually fades away, and the throat has recovered its normal appearance well before the end of the week. In many cases there is stuffiness in the nose, with a little discharge, which is often sanious, and sometimes there is some amount of bleeding. This sketch is an endeavour to depict an average case; but it is to be remembered that there are some which present few constitutional symptoms, while, on the other hand, there are others which are unusually severe and prolonged. I have seen the temperature rise to 104°, and occasionally there is marked fetor of the breath with considerable swelling of the glands. Some years ago I saw a case in which the throat affection was severe, with great glandular enlargement, and where, soon after convalescence had set in, acute nephritis occurred. There was a question here of the case being one of scarlet fever in which the eruption had been overlooked; but follicular tonsillitis was prevalent at the time, and several other members of the family were suffering from the disease, and also the patient had suffered from a slight attack of scarlatina the previous year.

When a case of follicular tonsillitis is seen where one or both tonsils are covered, or partly covered, with secretion, the resemblance it bears to one of true diphtheria is often very striking. Sometimes the matter acquires an ashy grey tint, which makes it look very like diphtheritic exudation. It will be found, however, that the friable material, so different from tough membrane, can be easily scraped away.

Acute follicular tonsillitis very frequently, in fact, according to my experience, generally, appears in an epidemic form—that is to say, it is found from time to time occurring in a number of houses scattered over a certain area, and in those houses several members of the same family are usually affected. Sometimes isolated house epidemics are observed, but more commonly the disease appears to take the ordinary epidemic form. It is therefore highly probable that it is infectious, but I have not yet been able to decide whether its prevalence during an epidemic was due to spread by contagion, or whether it was the result of some general cause acting upon the health of the inhabitants of the locality in which it occurred. Its spread has sometimes been apparently favoured by bad sanitary conditions. In one or two houses where during an epidemic a large proportion of the inhabitants were affected I have found defective drainage arrangements which allowed sewer gas to find its way into one or more of the rooms. In other instances, however, no such apparent cause could be detected. Though the disease is clearly distinct from diphtheria, in so far as regards the exudation at least, yet it seems to be closely allied to it. At the end of last year, during an epidemic of acute follicular tonsillitis, there was a considerable number of cases of diphtheria, a disease remarkably rare in Jersey; and, moreover, the cases of diphtheria, so far as I know, were chiefly in a quarter of the town of St. Helier's where follicular tonsillitis was most prevalent. In one family in this part of the town I attended two children suffering from diphtheria, and before they had recovered, their aunt, living in the same house, had a well-marked attack of follicular tonsillitis. In epidemics of diphtheria simple tonsillitis has been noticed to be associated with, and apparently merging into, membranous inflammation; and Mr. Hood, in an excellent paper,[1] also mentions the fact of "tonsillitis of follicular character being found in several instances in which the cause was undoubtedly diphtheria." Moreover, he tells us that "one of the nurses of the West London Hospital had a mild attack of so-called follicular tonsillitis. The throat mischief speedily improved, but a few days later symptoms of paralysis appeared and disclosed the initial attack to have been diphtheria." This case, if it does not prove that the initial attack was diphtheria, at least shows that follicular tonsillitis is very closely allied to it.

I have now seen a good many epidemics of acute follicular tonsillitis, in all of which the disease presented much the same symptoms and characteristics, and followed the same course. It is therefore a question whether it does not merit recognition as a distinct form of specific disease. It appears probable, however, that it is nearly related to diphtheria, much as if it were another species of the same genus.

Jersey.

FORM OF EAR AS A SIGN OF DEFECTIVE DEVELOPMENT.

BY FRANCIS WARNER, M.D. LOND., F.R.C.P.,

PHYSICIAN TO THE LONDON HOSPITAL.

IN a carefully compiled paper on the ear in criminals, contributed to THE LANCET of Jan. 25th by Mr. H. Havelock Ellis, we have an interesting *résumé* of the literature of the subject. Attention having thus been directed to the significance of ear defects, it may be worth while to give the results of my own observations.

In connexion with the work of a scientific committee appointed to investigate the condition of children in schools last year, I examined 5344 pupils in primary schools.[2] Of this number of pupils, there were in ten public elementary schools 3931 (boys, 1944; girls, 1987); in four special schools 1413 (boys, 850; girls, 563). These special schools were a large pauper school, two certified industrial schools, and a school for the deaf and dumb.

[1] THE LANCET, Jan. 12th and 19th, 1889.

[2] See "Report on Investigation of Condition of School Children." Cambridge University Press.

In all cases the external ears were looked at, they were found defective in 81 pupils (boys, 49; girls, 32)—total number of pupils 1·5 per cent.: boys, 2·5 per cent.; girls, 1·6 per cent.

This shows that defect of ear is more common in boys than girls. This unequal distribution of congenital defects between the sexes appears to be a general law. The relation of ear defects to criminality must depend upon some correlation of form of ear and make of brain.

	Boys.	Girls.
Percentage of ear defects in public elementary schools	1·2% ..	1·3% .. ·65%
Percentage of ear defects in the special schools	2·2% ..	3·3% .. ·71%

The high percentage of ear defects in the special schools is coincident with signs of low cerebral development as indicated by the following figures:—

Signs of nerve weakness or defect.

	Boys.	Girls.
In 10 public elementary schools	5·08% ..	4·57% .. 5·78%
In 4 special schools	10·68% ..	13·88% .. 5·86%

Cases of mental dulness.

	Boys.	Girls.
In 10 public elementary schools	3·08% ..	4·06% .. 2·11%
In 4 special schools	7·78% ..	8·70% .. 6·39%

Cranial abnormalities.

	Boys.	Girls.
In 10 public elementary schools	3·02% ..	4·21% .. 1·86%
In 4 special schools	7·92% ..	9·88% .. 4·97%

The correlation of defect of ears and other parts in relation with nutrition, mental dulness, and nerve defects is exhibited in the annexed table:—

*Conditions of Defective Development of the Ear in relation with Low Nutrition, Mental Dulness, and Nerve Defects.**

				Low nutrition.		Mental dulness.		Nerve defects.	
	B.	G.	T.	B.	G.	B.	G.	B.	G.
Total of cases presenting some defects of development:—Boys, 274; girls, 125; total, 399				62	40	86	39	101	44
Defects of ears observed in 10 Public Elementary Schools	36	13	49	17	4	24	4	24	5
,, in 4 Special Schools	28	4	32						
Ear defects, symmetrical	37	13	50	12	2	13	2	15	3
,, asymmetrical	27	4	31	5	2	11	2	9	3
Ear defects alone in 10 Public Elementary Schools	19	8	27	5	4	8	3	11	4
,, in 4 Special Schools	9	4	13						
Ears and cranium defective in form in 10 Public Elementary Schools	11	1	12	6	0	11	0	12	0
,, in 4 Special Schools	12	0	12						
Ears and palate defective in form in 10 Public Elementary Schools	6	0	6	2	0	7	0	6	0
,, in 4 Special Schools	10	0	10						
Ear defect with epicanthus in 10 Public Elementary Schools	4	3	7	1	1	3	2	3	0
,, in 4 Special Schools	2	0	2						
Ears with other defects in 10 Public Elementary Schools	4	0	4	2	0	5	0	1	0
,, in 4 Special Schools	5	0	5						

* This analysis is from the 5344 children.

The figures here given tend to show that the defects of the external ears are worthy of clinical observation when seeking evidence as to signs of high class or low development. I have taken this special point, from the observations referred to, as supporting the purport of Mr. Ellis's paper. As a single sign indicative of development I think the form of the palate far more distinctive.

Prince of Wales'-terrace, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NERVE STORMS.

BY E. LONG FOX, M.D. OXON., F.R.C.P. LOND.

IN THE LANCET of Jan. 25th Dr. Buzzard published a most interesting paper on what is practically a nerve storm affecting the medulla oblongata, and especially the vagus nucleus. I venture to submit short notes of three of the most marked cases of this affection I have lately seen. Although in these cases gout existed, or a gouty family history, it is probable that this is not invariably the exciting cause; and further illustrative cases will be of great interest as bearing on this question. I have considered this condition to be epilepsy of the medulla oblongata; but of course this is only a convenient expression, and in no way an explanation. Some of these cases simulate so closely the gastric crises of tabes dorsalis that it is well always to test the knee-jerks. These have been normal in the cases I have seen.

CASE 1.—A gentleman, aged sixty-two, of gouty history. Ten days ago, on a very cold day, he was upset by a bad smell of sewage; was taken with severe pain in the bowels, with vomiting, and hiccough, but no diarrhœa. On the next day the urine was scanty, and contained a good deal of sugar and albumen. The temperature was subnormal. When seen by me, ten days after the commencement of the attack, the sugar and albumen had not reappeared. There was distension of the stomach and bowels. Rejection of food still went on occasionally. Very weak pulse. He was so far recovering from the nerve storm that he would have got well altogether but that he had a weak dilated heart, showing a soft bruit with both sounds at the lower end of the sternum, reaching three inches up the middle line. This previous organic injury rendered the morbid influence on the vagus nucleus fatal in a few days. In this case tinnitus, though it existed, was not a prominent symptom.

CASE 2.—A gentleman aged forty-two. Thin, spare, fairly active, of completely good habits; gouty family history. He has been a fairly busy man. For many years, quite twenty, at variable intervals, and without any warning the night before, he awakes in the morning sometimes with headache, always with pain in the eyeballs and vertigo, and has spent the whole day in attacks of vomiting, with more or less diarrhœa. I have known him have twenty-eight attacks of vomiting in the day. There is no disturbance of the tongue; no appearance of disorder of the stomach or liver. After a good night he will be perfectly well the next day. The attacks are exceedingly like epilepsy affecting an unusual region.

CASE 3.—A lady aged sixty-three. Rather gouty. For the last year she has been subject to nerve storms, apparently affecting the medulla oblongata. Lesser attacks of a similar nature, however, have disturbed her for some years past. The symptoms are: Very frequent booming in the head, not, she says, in the ears; some vertigo; no deafness; great sense of syncope (the beats of the heart remaining regular during the attack, though weak); intense vomiting and diarrhœa. She thinks she is going to die when she gets an attack. No loss of consciousness. I am told that she was once treated for several months with every kind of remedy for dyspepsia, without result; and she is relieved by small doses of bromide of potassium.

Clifton.

A LOCALISED EPIDEMIC OF ACNE SYCOSIS TRACEABLE TO A BARBER'S SHOP.

By W. WILLIAMS, M.A., M.B., & B.S. OXON.,
LATE RESIDENT MEDICAL OFFICER, ROYAL NATIONAL HOSPITAL, VENTNOR, ISLE OF WIGHT.

I HAVE lately had under observation *four* well-marked cases of sycosis of the beard, occurring within short intervals of each other. All the cases occurred in a small town where it was possible to definitely trace the source of infection in a way which would be impossible under the more complicated conditions of life in a large town. All the four patients had at different times, but in each case immediately preceding the appearance of the disease, been shaved in the same barber's shop. The symptoms were as follows: Redness, tenderness, pustular exudation at the hair roots, and eventually purulent scabs irregularly distributed over the shaven surface. The treatment adopted was purely local, as recommended by Mr. Malcolm Morris—viz., the application of bread poultices each night until all the scabs were cleared away, and during the day compound sulphur ointment and soft soap in equal quantities. The patients were directed to cut the beard with scissors instead of the razor, and all soaps were prohibited as tending to cause irritation of the already tender parts. Epilation was tried in two of the cases with success. Acne sycosis is not only a most troublesome and disfiguring complaint, but is specially to be dreaded on account of the obstinacy with which it resists treatment, and the usually prolonged duration of the disease. That the source of the infection is in some part of the apparatus used in the operation of shaving is certain, and I think the shaving-brush is probably the vehicle. This is never thoroughly cleansed nor submitted to the germicide action of boiling water like the razor, but each sitter is in his turn lathered with a common brush from the common soap bowl, never at a greater temperature than that of lukewarm water. It would not be difficult or expensive to dip the brush as well as the razor in boiling water between each operation, and suitable precaution might be taken with regard to the soap without any great extra expense. Precautions of this kind are, I believe, insisted upon in some parts of Europe, and should either by precept or law be enforced in this country. Considering how often the skin is abraded or a pimple chapped and made to bleed in the operation of shaving, it is probable that other diseases of a more serious nature than sycosis may be conveyed in the same way and the source entirely unsuspected.

Shrewsbury.

CASE OF LARGE URIC-ACID CALCULUS IN LITHOLAPAXY.

By LEWIS W. MARSHALL, M.D.,
SURGEON TO THE CHILDREN'S HOSPITAL, NOTTINGHAM.

W. S——, aged fifty-six, an under-viewer in a colliery, was seen by me in November, 1889, having had constant symptoms of "stone" for four years, and had passed "very hard stones" many times before. He was a stout, flosid, powerful man, who had lived well. A congenital phimosis was still in existence, although he was married and had several children; he was obliged to micturate three or four times every hour; urine acid; it contained blood-corpuscles, pus, and bladder and columnar epithelium, but no crystals were found; prostate gland was small.—Dec. 2nd: He was put under A. C. E. mixture; his urethra and prepuce slit up, and a No. 13 lithotrite passed; after No. 18 evacuating catheter. The stone was imperfectly seized with this instrument, so that Bigelow's largest lithotrite was introduced, and the stone crushed with difficulty, owing to its hardness and size. The patient became collapsed at the end of two hours and a half, and he was therefore put into bed; 1049 grains were removed through the No. 18 evacuating catheter, which was passed with ease many times. 8 P.M.: He had passed several large pieces; Temperature 102°; urine coloured, but very little pain; morphia suppository ordered; no dribbling of urine.—3rd: Temperature normal; had passed urine every half hour.—4th: Temperature still normal; bowels acted naturally; more pieces had passed; urine clear; very little discomfort.—5th: Slept for four hours at one time last night, a thing he has not done, he says, for years. Bowels acted twice; some grit passed.—8th: Having remained in about the same condition as shown by the last note, he was again given the mixture and 197 grains of uric acid removed. The operation lasted forty-eight minutes; the same instruments were used. Temperature rose to 100° in the evening.—9th: Passed urine every half-hour when awake during the night, but slept for three hours at one time. Temperature normal. Urine was thick, contained mucus, and was a little offensive. Ordered boracic acid by mouth.—14th: Sounded to-day; nothing found. The patient is quite well; has been up daily for a few hours for the last few days.—Jan. 18th, 1890: I am told that this man has been at his work in the colliery for a fortnight or more, and is perfectly well.

Remarks.—This case is worthy of note on account of the large size and character of the calculus. I understand that Sir Henry Thompson has crushed one stone of this nature weighing two ounces and three-quarters—i.e., a quarter of an ounce heavier than that in the case now reported. The stone was weighed when dry.

Nottingham.

IS FACIAL IRRITABILITY DIRECT OR REFLEX?

By ANGEL MONEY, M.D., F.R.C.P.

AN infant, aged ten months, under my care at the Great Ormond-street Hospital, has well-marked signs of rickets; it has attacks of tetany; facial irritability is well marked; the mechanical irritability of the muscles is increased. What is of special interest is this: Any degree of stroking over the facial nerve in the front of either ear evokes no contraction of the facial muscles; gently stroking the skin about the angle of the mouth causes perfect contraction of the orbicularis oris and of the corrugator supercilii; this obtains equally on both sides. This seems to me to show that in the case in question the contractions observed were excited reflexly. I satisfied myself of the absence of mechanical effects; indeed, it is obvious that mechanical effects were out of the question. In the same case a gentle tap of the right patellar tendon caused contraction of the right extensor triceps and of the left adductors.

Harley-street, W.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

ST. PANCRAS AND NORTHERN DISPENSARY.

CASE OF PUERPERAL PYREXIA, ASSOCIATED WITH MITRAL REGURGITATION, ACUTE MANIA, AND CELLULITIS; RECOVERY.

(Under the care of Dr. LEITH NAPIER.)

THE complication of pregnancy with heart disease has attracted attention during recent months. Dr. Fry records fifteen cases,[1] in only six of which was there a history of rheumatism. Dr. D. Berry Hart reports eight cases,[2] in which there was stenosis of the mitral valve, seven of which were fatal. The majority of cases are those of mitral incompetency. With regard to mental disturbances after parturition, Dr. T. Hansen[3] found definite evidence of puerperal infection in forty-two out of forty-nine cases; while of the remaining seven, two were complicated with eclampsia, the mental disturbance being transitory. Dr. Luckinge[4] has given the history of a case in which aphasia occurred on the sixteenth day after confinement, with the supervention of coma, but no paralysis or loss of sensation. The attack was transient, as in Dr. Napier's patient, and

[1] American Journal of Obstetrics, Aug. 1888. Sajous, vol. iii., sec. 1.
[2] Edinburgh Medical Journal, Feb. 1888.
[3] Centralbl. für Gynecologie, 1888.
[4] Münchener Medicinische Wochenschrift.

followed by complete recovery. From examination of two similar cases in which that lesion was present he considered the symptoms were due to embolism. For the following report we are indebted to Mr. Frank Boxall, resident medical officer.

Mrs. C——, aged thirty, primipara, was delivered on Oct. 5th, 1889, by long forceps at the brim, of a living female child. There was a lateral perineal rupture. Very little blood was lost during or after parturition. The uterus contracted well; the placenta and membranes came naturally, without manual intervention, five minutes after the child's birth. The patient had been under observation on account of a mitral systolic murmur.

She progressed satisfactorily up to Oct. 7th (third day), when there was a temperature of 100·4°. The patient felt well; had no pain; slept well; the discharge was natural.

Oct. 8th. — Slept very little during previous night. Temperature 103·8°; pulse 130. Lochia very offensive. The uterus was irrigated with hot iodine water, and the perineal wound dressed with boric acid powder.

9th.—Patient had a good night; feels much better. Temperature 100°; pulse 110.

10th.—Had profuse spontaneous diarrhœa all day; a severe rigor in afternoon (lochia not offensive). The abdomen distended and tender. Temperature 104·6°; pulse 130. A mixture of dilute sulphuric acid, tincture of opium, and antipyrin (ten grains), with compound tincture of cardamoms and a drachm of rectified spirit ordered, to be taken every four hours.

11th.—Diarrhœa ceased. Abdominal distension and tenderness much less. Disagreeable discharge. Temperature 103°; pulse 120. Iodine douche twice daily.

12th.—Patient evidently worse. Is free from marked pain or distension, but has tenderness over hypogastrium and both iliac regions. Dr. Leith Napier visited the patient in the afternoon, and diagnosed pelvic cellulitis with peritonitis. Temperature 104°; pulse 130. A mixture of ten grains of antifebrin, five minims of tincture of digitalis, with compound tincture of cardamoms, and rectified spirit, ordered every four hours; also a draught of antipyrin (twenty grains) at night. The vaginal douches to be stopped; a suppository of iodoform substituted. The perineal wound to be dusted with iodoform and boric acid.

13th.—Visited at 10 A.M. Temperature 99°; pulse 100. Patient had slept very little, was very delirious at times during the night. Has now a very wild, excited look. The tongue is directed to the right side on protrusion. By mid-day temperature 101°. A draught of bromide and chloral ordered at night.

14th.—Patient had not slept; delirious, and refused all medicine and nourishment. Temperature 103°; pulse 120. Nutrient enemata, with bromide and chloral, given per rectum. Visited by Dr. Leith Napier in the afternoon. She had slept a little, had taken a little beef-tea; was less acutely delirious, but was evidently suffering from acute mania; recognised no one; tried to get out of bed; was incoherent and abusive. Her speech was thick and imperfect, the tongue inclined to the right side, and could be only partially protruded. The urine was free from albumen. A hypodermic injection of morphine (one-sixth of a grain) and atropine (one-hundredth of a grain) given. Ice-bag to head. Fifteen grains of sulphonal and a quarter-grain suppository of morphine given every fourth hour.

15th.—Patient had slept, and seems better. Temperature 103°; pulse 110. She was now rational. The tongue still curves to right side. A mixture of citrate of iron and quinine, bromide of ammonium, with rectified spirit, given three times a day. A night draught of antipyrin and sulphonal was also prescribed, and the abdomen painted with equal parts of liniment of iodine and liniment of belladonna. Evening temperature 104·8°; pulse 100.

16th.—Patient had a good night, taking nourishment. Bowels opened by enema. Tongue clean and moist; not now protruded to right. Has some cough, with mucous expectoration. Cardiac murmur indistinct; lungs showed moist râles at bases, otherwise healthy. Temperature 100°; pulse 100. 5 P.M.: Temperature 103°; pulse 120.

17th.—A.M.: Temperature 100°; pulse 90. P.M.: Temperature 103·2°; pulse 96. Drowsy. Prescribed peptonate of iron.

18th.—Temperature 98·8°; pulse 78. Ordered salicylate of soda with bromide of ammonium. P.M.: Temperature 101°.

19th.—Did not sleep well; pain in right iliac fossa. A.M.: Temperature 101·6°; pulse 100. 5 P.M.: Temperature 102°. A mixture of perchloride of iron and nux vomica had been given during the day, but salicylate was reverted to after one dose. Temperature 100·6°.

21st.—On bimanual examination considerable effusion into right broad ligament and inflammatory matting both in front and behind uterus, which was practically fixed, were found. The perineal tear was granulating and healthy; slight grumous discharge without smell. Temperature 100°; pulse 90. The ice cap was forbidden. A mixture of iron, ammoniate of sodium, and spirits of choloroform prescribed.

24th.—Patient feels well. Temperature 101°; pulse 120. From this time the patient steadily improved, although the temperature and pulse were not stationary at normal, but subject to repeated rises for other ten days or more.

Dec. 9th.—The patient attended, when Dr. Napier found her in an excellent condition. She had become stout, rosy, and strong; and had no trace of pelvic mischief.

Remarks by Dr. LEITH NAPIER.—This most interesting case presented almost every clinical feature met with in puerperal pyrexia. The etiology was probably in some degree due to traumatism; the delivery was difficult, and the cervix and perineum suffered, but Mr. Boxall was most scrupulous in using antiseptics during and after delivery. The drainage of the house was very bad, and to this I in great measure attribute the illness. The case was a severe and prolonged one; but, as I have so frequently previously treated the subject generally, I now merely note some exceptional symptoms. The mania, which occurred on the ninth day, reached its height on the tenth, and disappeared on the day following, is of great pathological interest. It may be attributed to (1) cerebral embolism or (2) toxæmia. The symptoms were not due to the drugs ordered, as the mania passed off, although the antipyrin and antifebrin were continued. 1. Remembering the patient's rheumatic history, noting the existence of valvular disease, and the slight lingual and laryngo-pharyngeal paralysis, there was a strong suggestion of cerebral embolism. When, in addition to this, there was unquestionably septic absorption, the question arose as to whether the toxæmia was an adjuvant or an originating cause. 2. Toxæmia. In the puerperal condition a form of mania may be developed which is quite as clearly due to toxæmia as the conditions found in uræmia, rheumatism, or erysipelas. A certain condition of the nervous system predisposes to puerperal septicæmia; conversely some septic post-partum pelvic inflammations are attended with mania. Acute post-partum, peri-uterine, and pelvic inflammations seem more commonly accompanied by mania than is septicæmia without local phlegmasiæ. In this case both factors were probably employed; and it may be assumed that septic toxæmia, acting on a heart and vessels organically weakened by previous disease, produced acute mania of transient duration but considerable intensity. It is difficult to understand the paralytic symptoms unless we assume that a branch of the middle cerebral was blocked, but the limited nature and duration of these symptoms leave this a doubtful point. We had no deficient elimination to support a possible theory of functional mania, nor was albuminuria ever present. I have formerly regarded mania occurring in post-partum pelvic inflammations as of very grave omen; the recovery of this case was largely due to Mr. Boxall's unremitting attention and prompt skill in meeting the varying phases of the illness.

MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.

LITHOTRITY IN A CHILD; REMARKS.

(Under the case of Mr. SOUTHAM.)

WE publish below the account of another instance of the crushing of a small calculus and its removal from the bladder of a male child. The operation of litholapaxy in such cases is now somewhat extensively practised, and Surgeon-Major Keegan's advocacy for its performance meets with increasing support. Amongst the more important contributions to its literature is one by Surgeon-Major Freyer, who also speaks[1] from an experience derived from practice in India on native subjects. He gives a further experience of 100 cases of litholapaxy, of which thirty-four were performed on

[1] British Medical Journal, vol. ii., 1889.

children, one being a female child. The average number of days under treatment was five and a half, and the average weight of the stones removed 112 grains. He had performed forty-nine litholapaxies on male children and three on female children, with no deaths. So well satisfied was he with the result that he looked forward to lithotomy in children as likely to meet with the same fate as lithotomy in adults, which is now rarely performed.

Edward S——, aged three years and a half, was admitted on Nov. 18th suffering from symptoms of stone in the bladder, and, on sounding, a calculus was at once detected. As it was of small size, and the urine was healthy, being acid in reaction, and containing only a trace of pus, the case was considered a suitable one for crushing. On Nov. 25th lithotrity was performed under chloroform. Four ounces of boracic lotion having been injected, the stone was readily seized and crushed with a No. 7 lithotrite, which was introduced into the bladder without any difficulty. The fragments, which were removed by a Thompson's aspirator and No. 7 evacuator, consisted of uric acid, and weighed when dried fifteen grains. The calculus appeared to have been oval in shape, measuring nearly half an inch in its long diameter, as shown by the scale on the lithotrite. The operation, which lasted twenty-five minutes, was extremely well borne by the patient. Though micturition was somewhat painful the same afternoon and evening, it was not more so than before the operation, and the urine which was passed was free from blood and débris. There was never any elevation of temperature, and the following morning the child was sitting up in bed playing, apparently quite well. On the third day he was running about the ward, being free from pain, and on the seventh day he left the hospital completely relieved of all his former symptoms.

Remarks by Mr. SOUTHAM.—The case is recorded, as it illustrates well the facility with which a small stone can be crushed and the fragments at the same time removed in a young child. Judging by the successful result in this instance, as well as in several others of a similar nature which have recently been reported in the columns of THE LANCET, it is probable that in children, when the bladder and kidneys are in a healthy condition, and the calculus is of moderate dimensions, lithotrity will soon take the place of either lateral or supra-pubic lithotomy.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Past and Present Treatment of Rheumatism.

AN ordinary meeting of this Society was held on Feb. 11th, Sir Edward Sieveking, President, in the chair.

A paper was read by Dr. M. CHARTERIS on Rheumatism, its Treatment Past and Present, with special reference to recent experimental research on salicylic acids and their salts. The author commenced by giving a general *résumé* of the treatment of rheumatism previous to the introduction of salicine and salicylic acid. First came the alkaline treatment, next the blistering of joints, then the expectant method, then followed a period of chaos, and, finally, salicine and salicylic acid were introduced. Details of an experimental research as to the action of salicine, salicylic acids, and their salts of sodium were given. It was found that salicine in doses of thirty grains, salicylic acid (natural) in doses of ten grains, and salicylate of sodium (natural) in doses of thirty-two grains had no deleterious action on rabbits weighing two pounds and a half; but the artificial salicylic acid in doses of ten grains, and artificial salicylate of sodium in doses of eighteen grains in ordinary use caused the death of rabbits of the same weight. On July 4th, 1889, an impurity was discovered in artificial acids which was very soluble, and had an appearance like coarse flour. It had not yet been identified, but was probably derived from creasotic acid. One grain of this impurity proved fatal to a rabbit weighing two pounds. As the result of a further research it was found that the impurity could be removed by the following process: Salicylate of calcium was first prepared, then decomposed by hydrochloric acid, setting free salicylic acid, which was subsequently purified by recrystallisation. The appearance of the purified acid was in every respect similar to that of the natural variety. The physiological action of this purified acid in fifteen-grain doses on rabbits was detailed. There was no paralysis, not even depression, after the last injection, and the rabbit was able to run easily. He contrasted this physiological action with that of the best samples of artificial acid obtained from Messrs. Schering of Berlin, which in similar doses proved fatal to one rabbit, and in two others caused marked prostration and paralysis, but not death. The paper concluded with practical deductions drawn from these investigations.

Dr. MACLAGAN said that many who had used sodium salicylate had seen deleterious effects from it, and had hence abandoned it in favour of salicine. He had tried many other artificial compounds of salicylic acid besides the salicylate of sodium, but he had come to the conclusion that salicine gave the best results. If the results which Dr. Charteris had obtained were confirmed by other observers, a mode of obviating these obnoxious disturbances of the heart and nervous system had been discovered. Salicylic acid might be prepared from a natural compound, but he questioned whether the purified artificial acid could be obtained at the price of ordinary salicine. Senator, of Berlin, had stated that salicine was broken up in the system into salicylic acid and something else, but he was not aware that any proof of this had been brought forward. His own belief was that all the salicyle compounds were anti-rheumatic; that salicine was the best of these, and gave rise to no unpleasant effects, and that next to this pure salicylic acid was the most valuable, but that its price was a bar to its general adoption. The benefit of these drugs was not due simply to their antifebrile powers, but they also distinctly combated the poison of rheumatism. He ordered thirty grains of salicine every hour for six hours, and found that in from twelve to twenty-four hours the pain and fever had disappeared. It usually took an ounce of salicine to effect a cure.

Sir D. DUCKWORTH said that the matter was one which concerned both chemists and bedside physicians. Professor Latham of Cambridge had insisted on the necessity of using salicylates prepared from a pure source. He himself had largely used the commercial pure salt in hospital practice, but he could scarcely recall an untoward result. He was referring especially to such results as cardiac depression, for tinnitus and other minor discomforts could scarcely be reckoned as drawbacks compared with the obvious advantages of the drug. He thought that the price of the purer drug when used boldly would be considerable. He was in the habit of prescribing twenty grains of Scherer's salicylate of sodium every six hours, the second dose being given three hours' after the first.

Dr. LUFF referred to the method of preparation of artificial salicylic acid. Carbolic acid was saturated with caustic soda and heated, and whilst in this state carbonic acid gas was passed over it. If the temperature were too much raised an isomeric variety of salicylic acid might be produced which might be harmful. He asked if Dr. Charteris intended to make an organic analysis of the impurity he had found. The impurity had been separated by fractional precipitation and fractional crystallisation; this was the usual process adopted, and he inquired if any other method of purification had been used.

Dr. SHAW said he believed that the artificial salicylate of sodium had a much greater efficacy than the natural salt. He had been watching for some time the effects of treatment at Guy's Hospital under salicylate of sodium and salicine respectively. He had seen delirium, hæmorrhage, and tinnitus aurium occur with both. He admitted that salicylate of sodium was more liable to produce toxic effects, but claimed that it possessed greater efficacy in combating the rheumatic poison.

Dr. A. GARROD said that since the introduction of these drugs the rare results of rheumatism had been attributed to the toxic effects of them. From an analysis of cases treated years ago by the alkaline and expectant methods he found that transient albuminuria and urticaria occurred just as frequently as they did at present. The salicylate of sodium no doubt had a slight deleterious action, and the removal of the impurity was a step in advance. He had prescribed salicine frequently to out-patients, but had seen no bad results; perhaps because large doses had not been used.

Dr. HAIG preferred salicylate of sodium to other preparations, as it was more agreeable to take; in his experience it did not possess much toxic power, though he had given it in large doses for periods as long as a year. He noticed that

some specimens of the drug produced giddiness and gave to the breath a smell of carbolic acid.

Surgeon-Major MYERS had given salicine in large doses; his experience was that the drug depressed and gave rise to a prolonged convalescence. In the medical school at which he was educated three physicians treated rheumatism in three different ways and each claimed great success; one used opium, another strychnine, while a third relied on alkalies and rest. When the salicylates were introduced their chief recommendation was said to be their antipyretic power, but that point now seemed to be abandoned.

Dr. TAYLOR said that more would be known on the subject when pure acids had been prepared and used practically. He prescribed twenty grains of the salicylate every two hours, and had frequently seen inconveniences such as delirium result.

Dr. LITTLE ordered ten grains of salicylate of sodium every hour or two hours without producing discomfort.

Dr. MITCHELL BRUCE said that in his experience delirium was uncommon. At Charing-cross Hospital fifteen grains were given every four hours, and these doses appeared sufficient, but in a certain number of cases they required increasing by half. In two cases which he had watched hæmaturia appeared to be a result of the administration of salicylate, and he thought that some of the other symptoms complained of might really be renal in origin. The paper suggested that much was still to be learnt concerning other derivatives, such as antipyrin and antifebrin.

Dr. LAUDER BRUNTON said that in considering this question two factors had to be taken into account—the dose given and the substance used; and the nature of the substance used had undoubtedly a great deal to do with it. Meta- and para-oxybenzoic acid were isomers which possessed very little physiological action. The quality of the carbolic acid used in the preparation of salicylic acid was probably a greater source of danger, for from impure carbolic acid oxytoluic acid and other substances of that order might come. The German patent for the manufacture of salicylic acid had now expired, and it would probably now be made in this country. The Pharmacopœia Committee could then specify a proper method for its manufacture.

Dr. CHARTERIS, in reply, said he had failed to obtain a pure carbolic acid in the market. The dialysed acid said to be pure proved equally fatal to rabbits. It was not a sufficient description to specify the melting point; the characters of the crystals should likewise be defined.

MEDICAL SOCIETY OF LONDON.

Experiments on Anæsthetics at Hyderabad.

AN ordinary meeting of this Society was held on Feb. 10th, the President, Dr. Theodore Williams, in the chair.

The PRESIDENT said that so much hung upon the valuable work of the Commission at Hyderabad that the council of the Society had decided to give up an evening to listening to Dr. Lauder Brunton's account of his experiments, and to the discussion following thereon.

Dr. BRUNTON commenced by stating that the conclusions arrived at by the Commission had already been published by THE LANCET, but he thought that the main value of their work lay in the number of experiments that had been done, which had been recorded graphically, and which would be printed and circulated so that they might be available to all, and the conclusions of the Commission concerning them might be criticised, and, where necessary, corrected. Syme attributed the absence of fatalities in the use of chloroform at Edinburgh to two facts—that very pure chloroform was used, and that plenty of it was given. It occurred to the speaker that one reason of the deaths from chloroform might be the neglect of the second of Syme's dicta; for many of the deaths appeared to be due to shock, and to occur at the beginning of an operation. Syme taught also that in administering chloroform one should watch the respiration and not mind the pulse; and Dr. Lawrie, in the first Hyderabad Commission, instituted a series of experiments to show that the respiration failed before the pulse. In the first Commission 141 animals were used, and they all died of respiratory failure. The second Commission was inaugurated to repeat and extend these experiments, and 430 animals were used with a similar result; in the entire 571 animals the respiration failed before the heart. It might be said that two chief theories were promulgated regarding the action of chloroform: one, which might be called the Edinburgh theory—that chloroform paralysed the respiration, but did not paralyse the heart; and the other, which was chiefly current in London—that chloroform paralysed the heart, and that this was the chief source of danger. It had occurred to Dr. Brunton that the small amount of beer drunk in Edinburgh might lessen the liability to fatty degeneration of the heart and might have something to do with the difference in the mortality. The committee of the British Medical Association in Glasgow found that chloroform sometimes paralysed the heart, and that this might happen in an unforeseen way which could not be prevented. The experiments of the Commission were directed towards determining the action of chloroform upon the heart, and careful tracings of blood pressure were taken. An ordinary manumetric apparatus was used, the carotid of the animal under chloroform being exposed in the usual way, the distal end being tied and the proximal connected with a mercurial manometer; the tube between the mercury and the manometer being filled with solution of bicarbonate of sodium. Instead of using a quick recording drum, which would give an immensely long tracing, a slow drum was used revolving only once in half an hour. This, though it recorded the effect of respiration only, showed nevertheless sufficient for practical purposes. But in order to register any particularly interesting variations found on the slow drum with more accuracy, the glass tube connecting the artery with the manometer was furnished with a branch, and this led to a second manometer and a quick drum. With this apparatus, by simply shifting a clamp, a "sample," so to speak, of the cardiac action could be taken on the quick drum at any interesting moment. To avoid errors from inertia the quick drum was worked in connexion with a Fick's manometer. They found that the difference between chloroform and ether, so far as their effects on blood pressure was concerned, was just what Claude Bernard had pointed out years ago, that they both acted in a similar manner, but that chloroform was the more powerful of the two. Under chloroform the pressure sank comparatively quickly, and on its stoppage and the adoption of artificial respiration it gradually rose again. If ether was used there was a much slower fall of pressure, and artificial respiration produced a similar rise. If air strongly charged with chloroform were used, a sudden fall of pressure was observed. It then behoved them to inquire how deaths during the administration of chloroform were likely to occur, and how they were to be prevented. They investigated the direct action of chloroform upon the heart. It was well known that if chloroform were injected into ordinary striated muscle it became hard like a board, but they found that injection of chloroform into the veins did not produce a distinct action on the cardiac muscle fibre—at any rate, not in anything like the degree they had anticipated. The injection of both chloroform and ether into the veins was found to lower the blood pressure, but ether had a less effect than chloroform. It was found, however, that ether usually caused clotting of blood in the heart, and thus led to a fatal result. When ether and chloroform were injected into the trachea they both produced a rapid fall of blood pressure. It should be remembered, however, that the action of chloroform in these two ways—by injection into the veins and into the trachea—represented its toxic rather than its therapeutic effects. If the vapour of chloroform were driven into the trachea after the stoppage of respiration, the heart became paralysed; but when administered by simple inhalation alone, when the respiration stopped an excess of chloroform was prevented from getting into the circulation, and the heart in that case was not paralysed. But there were certain points about the matter which required fuller consideration. An animal dying from paralysis of respiration might, after the stoppage of regular breathing, make one or two violent gasps, and these might bring in enough chloroform to stop the heart's action. There was some risk of this happening, but this risk only occurred if the chloroform vapour was drawn in when the animal was in a state of asphyxia. A tracing taken from an animal in this condition was found to be identical with one produced by the committee of the British Medical Association. There was a drop in the respiratory curve, followed by slow action of the pulse, and then a gradual rise again. This slow pulse was due to vagus irritation, and such a tracing could be made at will by inducing simple asphyxia, either by

closing the dog's nostrils, or, if a cannula were in the trachea, by stopping the end of the cannula, or by making the dog breathe pure carbonic acid gas. Such a condition was never produced by the administration of chloroform with plenty of air, but it always occurred during accidental asphyxia. Dr. Brunton had been much puzzled as to how the Glasgow committee had produced this tracing, and he suggested an explanation. If, with a cannula in the trachea, artificial respiration were being performed, a small quantity of blood might run down into the bronchi and clot. It might there form a valvular plug, and by moving up and down produce an intermittent asphyxia and give rise to such a tracing. Several experiments were tried on the effect of shock, but no marked symptom of that condition could be produced. It was true that no experiments had been done without ether or chloroform, but they concluded that such experiments were not only painful but unnecessary. They first put an animal under chloroform and extracted several teeth, but no symptom of shock followed; they then tried laying hold of the skin of the anus and pulling and snipping it, imitating operation for piles, but with no result. The abdomen was then opened, and a piece of intestine pulled out and ligatured; a blow was struck upon the testicles as the animal was coming round, but the effects were not so marked as would have been imagined. As to position, when the animal was put upright there was a distinct fall in blood pressure, which became normal when the horizontal posture was resumed; elevation of the legs was found to raise the pressure. With the animal in the upright position, striking the abdomen or extracting teeth produced no shock. The effects of dress were tried on female monkeys; a plaster-of-Paris jacket was put on to imitate stays, and a tight bandage round the abdomen to resemble the band of a petticoat. Under both these disadvantages the animals seemed to die very quickly indeed. Phosphorus was administered to induce fatty degeneration, and in some the heart seemed to stop more quickly than in healthy animals, but the effects were not marked. Their main conclusions were that chloroform and ether acted in the same way, both paralysing the respiratory centre before the heart; if pushed after the respiration had ceased, the heart would be paralysed. Chloroform was more potent than ether, which latter could not be used in very hot countries, and the chloroform should be given with plenty of air, for suffocation and chloroform formed a deadly combination. The deaths from chloroform were due to asphyxia and resulted from imperfect observation of the respiration. During the prosecution of the research they had a large number of accidental deaths, but all these were due to inattention to the respiratory condition. The pulse did not begin to fail till after the respiration, and if the respiration were not attended to till after the pulse had failed it was probably too late. If attempts were made to pay attention to both the respiration and the pulse, neither perhaps would be observed well, and hence it was advisable to keep the attention fixed on the respiration alone. Dr. Brunton concluded by saying that we owed a great deal to the Nizam, who not only caused the research to be undertaken, but had generously consented to publish it, so that a complete set of the photographic tracings would be presented to all the principal medical libraries in the world.

In the discussion which followed, Mr. BAILEY dealt with the clinical side only. In the early days of chloroform he thought it was administered as well in London as in the north, but many deaths occurred which were considered to be due to failure of cardiac action. The plan of administering nitrous oxide before ether did away with its disadvantages, and as perfect an anæsthesia could be obtained with ether as with chloroform, and the death-rate from the former was smaller. He found it quite easy to watch not only the respiration but also the pulse and the pupil, and the latter, he thought, gave most valuable indications as to the patient's condition.

Mr. BRAINE said that in fatal cases under chloroform the patient would be going on well, then a little more chloroform would be given, when a pallor of the cheeks would be noticed and no pulse would be felt, though the patient breathed on. He thought that one case so observed in the human being was more valuable than thousands of experiments on animals.

Dr. SANSOM agreed that it was most valuable to have these experiments on blood pressure reduced to manometric certainty. The question was what were the teachings of experiments on animals, and how did they bear on the practice of the present day? Years ago careful experiments were performed both in England and abroad which led to the same conclusions that the Hyderabad Commission had shown more elaborately—namely, that the heart in animals was an *ultimum moriens*. But animals varied very much in their reactions to anæsthetics even in the same species, and he thought that we could not argue direct from animals to man, whom the influence of emotion placed in an entirely different category. While there was a fair amount of uniformity in the necropsy records from animals, in man this was not so, for in some cases all chambers of the heart were found full of blood, which pointed strongly to the idea that death took place from paralysis of the heart rather than of the respiration. His general conclusion was that, though experiments were valuable, they ought not to be accepted as solving the question, and while practical anæsthetists valued these experiments at their proper worth, they could not prevent the possibility of syncope occurring.

Mr. CARTER referred to a case which occurred years ago when he was giving an anæsthetic, and the patient died. He could not remember the state of her respiration, but saw nothing to arouse suspicion till he noticed the pallor of the countenance. His own opinion was strongly in favour of chloroform as opposed to ether for ophthalmic operations. Ether was attended by more struggling and consequent venous congestion, and the liability to hæmorrhage from the choroid was therefore greater.

Dr. ROUTH advocated the use of methylene as an anæsthetic. He had seen apparent death follow the administration of an anæsthetic in six cases; in all the respiration seemed to fail as much as the pulse, and they were all restored by turning them topsy-turvy. He had likewise seen a fatal case from ether administration. He thought that an apparatus for the registration of chest movements would be valuable.

Dr. DAY had administered methylene 1300 times without an accident. He had given it in cases of weak and dilated heart and in mitral stenosis without bad effect. He quoted from Sir Spencer Wells's work to illustrate its value.

Dr. HEWITT had never known respiration to fail while the pulse was good or fair at the wrist, and he had seen two or three cases in which the pulse had given the first sign of danger.

Dr. BRUNTON, in reply, said that there were certain differences of opinion as to the relative advantages of chloroform and ether. He had found the respiration stop in animals when the pulse was quite good at what corresponded to the wrist. Their experiments with ether were done under difficulties owing to the high temperature in Hyderabad; they had almost to cut off the air before they got anæsthesia with ether. After poisoning from much diluted chloroform there was a great difficulty in bringing the animal round, but there was not this difficulty with a stronger dose; the reason was that in the former case it was difficult to say when the animal had stopped breathing. He felt sure that the truth about the question would come out later when the whole investigation was published, and when others would have an equal opportunity with themselves of studying the work that had been done.

OBSTETRICAL SOCIETY OF LONDON.

THE annual meeting was held on Wednesday, Feb. 5th, A. L. Galabin, M.D., President, in the chair.

Specimens.—Dr. CARTER exhibited a Double Pyosalpinx. Dr. AUST LAWRENCE showed a Rare Form of Cystic Disease of the Chorion. Dr. J. PHILLIPS brought forward a Chorion from a woman aged forty-two, four months pregnant. Mr. C. H. JAMES demonstrated a preparation of the Uterus and Appendages from a child five days old, showing Hæmorrhage from the Uterine Mucous Membrane. Dr. CULLINGWORTH exhibited for Dr. ARTHUR ROBINSON a Uterus with Placenta Prævia.

Urethral Diverticula.—Dr. AMAND ROUTH brought forward a communication on this subject. Three cases of urethral diverticula were related, and references made to others. The literature on the subject, though dating from 1847, is scanty and scattered. The symptoms are progressive discomfort and frequency of micturition, dyspareunia, and the formation of a swelling which appears at the vaginal orifice. Pressure upon the swelling causes thin, offensive, irritating pus to pass into and out

of the urethra. Cases are recorded showing that if these diverticula are left untreated, retrograde changes occur along the urinary track. The physical signs are unequivocal, differing on the one hand from dislocation of the urethra, and on the other from simple dilatation of the middle third of the inferior wall (urethrocele). The diverticulum is essentially a urinary pouch or cyst communicating with a urethra of normal calibre, usually in its middle third, by an orifice relatively narrow. The etiology seems to be: 1. Closure of the ducts of pre-existing urethral glands, retention cysts resulting. Suppuration and ulceration into the urethra by a small, often valvular, hole follow, and the inflammation is kept up by urine trickling into the sac at each act of micturition. 2. Blood cysts which have passed through similar changes. 3. The formation of pseudo-cysts by injury to the urethral floor during labour or instrumentation. Pregnancy, with its increased local activity, seems usually to induce the formation of these cysts, and parturition appears to be often the immediate cause of the rupture. The treatment is mainly surgical. 1. Where urethritis or cystitis exists, the cyst wall should be dissected out, and cut off close to the urethra, and the vaginal wound left open for drainage. 2. Where the urinary passages are healthy the cyst should be dissected out, the opening into the urethra enlarged to allow drainage, and the vaginal wound at once closed. In either case the urine should be drawn off till union is assured. — Dr. BRAXTON HICKS had seen five cases of the kind. In one the cavity was filled with phosphatic concretions. He opened the cavity in each case freely from the vagina, and kept it open till the urethral opening closed, which occurred after a short time. The plan recommended by Dr. Routh was possibly more precise.—Dr. HERMAN noted that these diverticula, even when converted into retention cysts by closure of their ducts, caused no symptoms such as Dr. Routh had described until they became inflamed. Hence this memoir should properly be named "*inflamed* urethral diverticula." Cysts, in which fatty matter was discharged into the urethra, were probably dermoid. In the Transactions for 1886 Dr. Herman had described a case very similar to one of those related in the present paper. He had reported that case under the title "Abscess of the Urethra," a term which he had used as not implying any theory of causation. The interior of the cavity in that case was ragged, not smooth as would be expected in a true cyst; and so it was in one of Dr. Routh's cases. The condition, he had suggested, might have been a result of chronic congestion of the urethra, such as had been described by Sir Charles Clarke and Dr. West. This condition was especially frequent in pregnancy; and Dr. Herman observed that Dr. Routh had commented on the frequency with which the suppuration appeared to have been induced by pregnancy and labour. Dr. Routh attributed it to injury during labour, and Dr. Herman thought that the injury sustained during delivery would be more likely to bring about suppuration, if the congestion described by Sir C. Clarke had been present before delivery. A "diverticulum" generally signified a communicating cavity due to a congenital peculiarity of structure. In that sense the cases of abscess opening into the urethra, classed "2" and "3" under "etiology," were not true diverticula—they could only be called diverticula in the same sense that a pelvic abscess opening into the rectum could be called a rectal diverticulum. Dr. Routh's paper was a valuable contribution to our knowledge of its subject.—Dr. M. HANDFIELD JONES had shown before the Society two small cysts which he had removed from the vagina of a patient sent to him as a case of cystocele. They lay so close to the floor of the urethra that he found it difficult to avoid wounding that canal when removing them. Had they been left alone, these cysts would probably have opened into the canal of the urethra, or, had labour occurred, they might have suppurated from pressure, and a communication with the urethra would thus have been established. In either case, a urethral diverticulum would have been formed, and the irritation caused by the admission of urine would have given rise to symptoms rendering an operation necessary.—Mr. ALBAN DORAN believed that diverticula certainly arose from one of at least two sources—a cyst, or else some change in a urethral gland, or its obstructed duct, for cysts undoubtedly developed near the urethra, and urethral glands undoubtedly existed. A good monograph on cysts of the urethra and on the histology of the urethra in adult women was much needed. Certain interesting embryological and morphological questions must not be made too prominent in such a work. They did not directly concern the pathologist. The urethral pouch might be a "distension diverticulum," or a protrusion of the mucous membrane through a deficiency of the muscular wall, due, perhaps, to injury during labour. Dr. Hilton Fagge had described distension diverticula of the intestines in the Trans. Path. Soc., vol. xxvii.—In reply, Dr. AMAND ROUTH could find no word better than "diverticulum" to express all the forms of these cysts.—In reply to Dr. Herman he thought that the moment urine obtained access to the cyst inflammation ensued. The cysts might arise from a sebaceous follicle, or from a dermoid cyst, as had been stated by Dr. Priestley. He thanked Dr. Braxton Hicks and Dr. M. Handfield Jones for their notes and early history of other cases. In a recent case, the urine containing pus, he had only closed the vaginal wound partially, so as to allow free vaginal drainage. The wound had quite closed in ten days.

The business of the annual meeting then commenced. The thirty-first volume of the Society's Transactions (for 1889) was laid upon the table. The report of the auditors of the accounts of the treasurer for the past year was read and adopted, as was also that on the Society's library.

The following is the list of officers for 1890:—President: Dr. Galabin. Vice-Presidents: Drs. Percy Boulton, Champneys, T. C. Hayes, Aust Lawrence, Deputy Surgeon-General Elkington, and Mr. Evan Jones (Aberdare). Treasurer: Dr. Herman. Chairman of the Board for the Examination of Midwives: Dr. Watt Black. Honorary Secretaries: Mr. Alban Doran and Dr. Horrocks. Honorary Librarian: Dr. William Duncan. Other Members of Council: Drs. Boxall, Radford Dakin, Houston Davson, Gervis, R. A. Gibbons, Edwin Hollings, H. A. Lediard (Carlisle), H. C. March (Rochdale), R. H. Milson, T. C. Nesham (Newcastle-on-Tyne), E. J. Nix, J. B. Potter, H. R. Spencer; and Messrs. T. E. Bowkett, Butler-Smythe, Frederick Hallowes (Redhill), Calley Maurice (Reading), and H. S. Webb (Welwyn).

The report of the chairman of the Board of Midwives respecting the examinations in midwifery showed that 143 candidates had satisfied the examiners during the year. The whole number of midwives now on the register was 761. The report was adopted.

The following alteration in the laws was proposed and adopted:—"Fellows wishing to compound for their annual subscriptions may pay, on admission, a composition fee of 15 guineas; after ten annual payments, 10 guineas; or after twenty annual payments, 5 guineas."

President's Address.—The President then delivered the annual address. The past year was memorable, being the last in which the Society met in the old rooms belonging to the Royal Medical and Chirurgical Society, 53, Berners-street. Arrangements for transferring to that Society's new premises in Hanover-square the library of the Obstetrical Society were nearly complete. The President then expressed his satisfaction at the working of the Midwifery Board of the Society. An annually increasing number of candidates presented themselves for the Society's diploma. The Society had always been in favour of legislation to establish a register of midwives and suitable test examinations throughout the country. It had been proposed of late to establish a voluntary register for midwives, in association with a similar register for nurses. A voluntary register might fail, however, to secure the full benefits which would follow compulsory registration, since it would become futile if any large proportion of the midwives did not choose to register themselves; moreover, the midwives themselves, so far as they are represented by the Midwives' Institute, the members of which were holders of the diploma of the Society, preferred to stand by themselves, and declined to be associated with nurses. The President was therefore glad to say that this year there was again a possibility of legislation, since a Bill was to be introduced into Parliament by Mr. Pease, following in the main the lines of the draft Bill drawn up some years ago by the Obstetrical Society, but giving to the new County Councils the duty of appointing the examining bodies. The project had received the approval of the General Medical Council. After reference to the library and the satisfactory financial condition of the Society, the President referred to the life and work of each of the Fellows who had died in the course of the past year. They included Dr. Charles Davidson, Dr. H. J. Barron, Mr. R. B. Bothamley, Mr. Samuel H. Wheat-

croft, Dr. G. C. Kernot, Dr. Oscar Prevot of Moscow, elected Corresponding Fellow of the Society in 1876, Dr. J. Rutherford Kirkpatrick, Dr. Lawrence Trent Cumberbatch, and Mr. Francis James Bailey. The President, in conclusion, reviewed the work done by the Society in 1889, and looked forward with confidence to a year of yet more valuable work in the new meeting-room. Unanimous votes of thanks were passed to the President (for the care which he had taken of its interests in the negotiations with the Royal Medical and Chirurgical Society, and for the very able manner in which he had brought them to a pleasant and satisfactory conclusion), and to the retiring officers.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

A MEETING of the Anatomy and Physiology Section was held on Jan. 3rd.

The American Periglyph.—Dr. BROOKS, in the absence of Professor Cunningham, exhibited and explained the working of an American Periglyph—an instrument by which geometrically correct projections may be drawn suitable for craniometrical work. Professor Cunningham had been recommended the periglyph by Professor Billings, on finding that he could not employ photography advantageously in working at casts of skulls.

Single Unilateral Sigmoid Kidney.—Professor BIRMINGHAM exhibited a single Unilateral Sigmoid Kidney. According to Mr. Morris, in 12,978 post-mortems made in London hospitals only one sigmoid kidney had been fonnd; the proportion of horseshoe kidneys in the same number of post-mortems was 1 in 1600. In the specimen exhibited the left organ was nearly normal in position, and attached to its lower and inner part was the right kidney, which extended down on the left side of the aorta almost to its bifurcation. Three points of interest in the case related to its production: (1) the hilum in each kidney was in front, but in the right kidney it was a little to the right side; (2) the ureter was in front at the right hilum; (3) three arteries supplied the right kidney—two from the right side of the aorta had been dragged across that trunk, and one proceeding from the right common iliac. These facts pointed to the conclusion that the right kidney was first developed up to a certain point on the right side of the body, and was afterwards displaced to the left side of the trunk, and became adherent to the left organ.

Two Specimens of Meckel's Diverticulum.—Professor BIRMINGHAM also showed two cases of Meckel's Diverticulum, one of which was obtained at the post-mortem examination of a man whose intestine had been resected just above that point. The diverticulum was hollow for about 1¾in., and beyond this it was a fibrous cord attached to the back of the umbilicus.

Topographical Anatomy of the Abdomen.—Dr. BROOKS exhibited Plaster Models cast from frozen sections illustrating the topographical anatomy of the abdomen. He was led to the investigation of this subject by the contradictory accounts of the contents of the different regions of the abdomen found in text-books.

Abnormal Right Subclavian Artery.—Dr. W. HENRY THOMPSON exhibited and described an Abnormal Right Subclavian Artery. The vessel arose from the posterior aspect of the arch of the aorta close to the junction of its second and third portions. The two carotids and the left subclavian were situated nearer the heart than this. The artery passed up behind the trachea and œsophagus to the right side of the neck, where it came to occupy the usual position. The right inferior laryngeal nerve was not recurrent, neither did the thoracic duct cross over to the left side. It passed up to the right of the œsophagus and entered the circulation at the junction of the jugular and subclavian veins. The lymphatic duct was found on the left side. The right sympathetic nerve invested the subclavian. The accepted explanation of the anomaly is that the fourth right fœtal arch had suffered early obliteration on the cardiac side of the origin of the subclavian. Thus, to reach the vessel the blood had to pass along the fourth left arch (aorta) to the junction of the two dorsal aortic roots, and thence "up stream," behind the œsophagus and trachea to the subclavian, and thus the first part of the abnormal vessel was really due to persistence of the right dorsal aortic root.

New Method of Exhibiting Topographical Anatomy of the Brain.—Professor FRAZER exhibited an extensive series of Photographs of Heads, illustrating the topography of the brain in the adult male and female, and also in the child. Measured tapes were laid on the heads, running in certain directions; these tapes were reproduced in the photographs, and thus the correct distances between the various points on the photographs were obtained. The pictures also exhibited the deeper parts of the same head at different levels. It was shown that, with the aid of a pair of compasses, the tapes, and the photographs, any part of the brain could be referred to the surface with perfect accuracy. The production of the present results had occupied the exhibitor for seven years. —In reply to Professor Birmingham, Professor FRAZER said that he meant to convey that both the proportions of the divisions to one another, and the relations of the different parts to the surface, were the same in a child as in an adult. —Dr. PATERSON asked the principle upon which the tapes were adjusted to the head. Few regions of the brain were open to surgical interference; and if the simple methods of Hare, Reid, and Horsley afforded a means of arriving at these regions, he failed to see the advantage of Professor Frazer's elaborate illustrations.—Professor FRAZER, in reply, said his experience was not extensive enough to say whether those lines laid down would hold good through all kinds of heads, especially deformed heads; but so far as he had investigated the lines held exactly to a hair's breadth through the whole outer and inner surface. The series of photographs had been made from nature, once for all, and they showed the relations of the brain to the skull; and probably the practical surgeon might derive assistance from them.

Nerve-supply of the Extensor Brevis Digitorum Manus in Man.—Dr. BROOKS showed a specimen of the Extensor Brevis Digitorum Muscle lately found in the dissecting-room in Trinity College, supplied with a nerve from the posterior interosseus of the forearm. Dr. Brooks pointed out, in a paper on the Valvulæ Conniventes, that all our English text-books of anatomy and most continental works, except Henle, describe the valvulæ conniventes in man as crescentic folds of mucous membrane of the intestine, extending not more than two-thirds round the intestine. Dr. Brooks found, at least in the upper part of the jejunum, that the valvulæ conniventes frequently formed complete rings, and sometimes spirals, extending more than once round the intestine, and exhibited several specimens in confirmation of this statement.

Reviews and Notices of Books.

Service Chemistry: being a Short Manual of Chemistry and its Applications in the Naval and Military Services. By VIVIAN B. LEWES, F.I.C., F.C.S., Professor of Chemistry, Royal Naval College, Greenwich; Associate of the Institution of Naval Architects, &c. Illustrated London: W. B. Whittingham and Co.

IT is necessary to look with care on a book which, devoted mainly to certain special applications of a science, professes also to give the student a sufficient account of the general laws and theories on which those applications depend. No mere smattering of theoretical chemistry will enable anyone to solve, or even to understand, many of the problems involved in chemical technology; and the smatterer, relying on his own small knowledge, is but too apt to fall into the usual errors of superficiality. No man would be considered competent to perform surgical operations because he had studied small text-books of anatomy and surgery; and, in like manner, no one should undertake the application of chemistry to important practical uses unless he has gained a really sound knowledge of chemistry as a science. To begin, and at the same time almost to end, our fault-finding with regard to the present volume, we think the author would have been wise to have assumed a general knowledge of chemistry in his readers, instead of incorporating in his text the fundamental principles and facts which are more fully, and not less clearly,

treated in scores of other books. For one thing, he would in this way have cleared his decks, to use a "service" phrase, and made room for more of the very important matter with which most of his work is filled. As with the text, so with the illustrations. They are good, but many of them, particularly in the earlier pages, belong to elementary study, and might well have been exchanged for drawings of photometers, calorimeters, and the apparatus used in the manufacture of gun-cotton, all of which would have had some novelty to the ordinary student.

But, in spite of what we must consider as a mistake in the plan, Professor Lewes has produced a book which will be useful not only to military and naval officers but to scientific men generally. His account of general chemical principles, if somewhat inadequate, is clear and intelligent, and he has certainly attained his main object by presenting in a volume of moderate dimensions all the most important of the modern applications of chemistry to war and its accessories. Any chemist who turns over the pages will see how much prominence is given to matters important in the services, and how much practical knowledge is conveyed, and will understand that the well-educated sailor or soldier will be grateful for the help offered to him. The real utility of the book lies in the special descriptions, often like detached essays, with which it is interspersed, and a short account of a few of the more important of these will give some idea of their value.

Quite early in the volume—too early, we think—comes a chapter on the chemistry of voltaic electricity. It contains an account of the commoner forms of battery, with remarks on secondary batteries and electro-deposition. It is too sketchy to be of great value, but it ends with some notes on the fouling of ships' bottoms which are extended in a subsequent chapter. A whole chapter is properly bestowed upon drinking-water, and some of the most important filters and filtering agents are described. The systems of Bischof, Maignen, Doulton, and Anderson, as also the well-known Porter-Clark process, find fair recognition; and the comparative merits of sand, spongy iron, animal charcoal, with and without removal of phosphate, and "carbalite" (which last is praised highly, but not described) are discussed. We are surprised that gas-coke, so easily obtained and so very valuable, was not included. A separate chapter deals with boiler incrustation and its prevention. Those old remedies, carbonate of sodium and chloride of ammonium, do not appear to have been as yet superseded, although they are confessedly imperfect. When sea-water is used, zinc in metallic contact with the boiler plates diminishes corrosion.

Passing over much that is useful, particularly the chapters on Fuel (with remarks on liquid fuel and water-gas), and on Ventilation, we come, in Chapters 14–16, to Explosives, beginning of course with gunpowder, and ending with the Sprengel explosives, roburite and the fulminates. Much in these chapters is novel as well as interesting to the general reader, for the author has had the advantage of official help. Roburite is a mixture of chloro-dinitro-benzene and nitrate of ammonium, waterproofed with paraffin. The inventor claims not only that it is very powerful, but also that it is not easily exploded, flameless, and not apt to foul the air of the mine. The last statement is not debated by the author, and requires confirmation. In subsequent chapters we find many matters of practical importance to others besides military and naval officers, such as details in regard to building-stones, cements, the quality of steel, and protective compositions and pigments, but our space only permits us to mention them.

On the whole, the book is entitled to sincere commendation, and we can but hope that in his second edition the author will find room for more of the practical information of which he has evidently so rich a store.

The Diseases of the Madras Famine of 1877–78. By ALEXANDER PORTER, M.D., F.R.C.S.I. Madras: Printed by the Superintendent, Government Press. 1889.

THIS work consists of a detailed account of the morbid anatomy of the various diseases met with in the great famine at Madras in 1877–78, based upon the author's experience when in charge of a famine relief camp. He conducted no fewer than 459 necropsies, and the text shows with what care and fulness the examinations were made. The larger portion of the cases were diarrhœa and dysentery, which are divided into "alvine fluxes without intestinal ulceration," "alvine fluxes with intestinal ulceration," and those with diphtheritic exudation. The condition of the bowel is most fully described, and the text is illustrated with reproductions of the admirable chromo-lithographs published by Dr. Woodward in the "Medical History of the War of the Rebellion." It must suffice to note that in the "diphtheritic" cases but few had ulceration; most showed deep injection or ecchymosis. There were also a few cases of cholera, which are next described, and then a summary view is given of the general pathology of all the cases of alvine flux, amounting to no fewer than 360 examinations. The next chapter is occupied with the description of such conditions as dropsy, atrophy, and fever (7 cases, 4 undoubtedly enteric, 2 apparently malarial, and one a case of sunstroke). There were also 3 cases of pyæmia. Of lung affections there were 55 deaths from acute pneumonia (99 admissions), and 22 deaths from phthisis. It is noteworthy, considering the famine conditions under which these cases occurred, that there was only one case of gangrene of the lung among the pneumonic group. There were also 2 cases of pulmonary abscess. The same careful attention to detail is shown in the descriptions of these conditions as in the previous chapters. Lastly, there is an account of other local diseases which furnished a few deaths. In his "General Remarks" the author notes that the most notable feature about all these cases was emaciation, the wasting not being restricted to the fatty and muscular tissues, but affecting the solid organs to a marked degree. Scorbutic changes were conspicuous by their absence. Fatty degeneration of the tissues was very common, and a peculiar condition of dryness of the skin, such as was noted by Dr. Donovan in the Irish famine of 1847. An appendix to the volume includes the statistics of the medical aspects of the famine. Much credit is due to Dr. Porter for the industry and care with which he has prepared this record. The examination alone of so many cases within so limited a period must have involved much labour, and their orderly arrangement and compilation must have been a considerable additional task. The result is a work which will be of permanent value, as affording to subsequent observers and writers a faithful and detailed account of the pathological anatomy of the forms of disease met with in conditions of famine in tropical countries.

OUR LIBRARY TABLE.

British Journal of Dermatology. London: H. K. Lewis.—The first number for this year shows a marked advance upon its predecessors. The pages are enlarged, permitting of more justice being done to the coloured plate, which, in this number, is an excellent representation of a rare disease called "adenoma sebaceum." It illustrates a very good original paper by Dr. Pringle, who relates the case, and gives a *résumé* of our knowledge of the subject. It is practically a new disease, Balzer having published the first case in 1885, and the second in 1886, and altogether including the present only six cases are known. There is, however, a precisely similar affection of the sweat glands, described first by

Darier and Jaquet, and called by them "hydroadenoma." Dr. Perry has recently shown an example of it at the Dermatological Society. As the diagnosis is only to be made by microscopic examination of sections—and in Balzer's first case the sweat glands as well as the sebaceous glands were involved,—it seems probable that the two affections are identical, and the microscopic differences may be accounted for by the fact of its being situated chiefly on the face, from which only a small portion of tissue could be removed for examination, and this was not taken from the same region in all the cases. The paper is further illustrated by some excellent microphotographs, due to the well-known skill of Mr. Andrew Pringle. The rest of the number contains the usual excerpts from foreign dermatological literature.

Index Bibliographicus Syphilidologiæ. By KARL SZADEK of Kiew. Hamburg: Leopold Voss.—The first three numbers form the literature of the subject for the years 1886, 1887, and 1888. Each number is classified for convenient reference under the general headings of—(1) General Treatises and Handbooks; (2) Gonorrhœal Affections; (3) Venereal Ulcers, Initial Forms and General Pathology of Syphilis; (4) Symptomatology of Constitutional Syphilis; (5) Hereditary Syphilis; (6) Therapy of Syphilis; (7) Appendix and List of the Names of Authors. It appears to be full and accurate, including even Slav and Russian literature, and will be indispensable to all writers on syphilis, greatly facilitating their work, but increasing their responsibility should they omit to notice anything of importance in the subject.

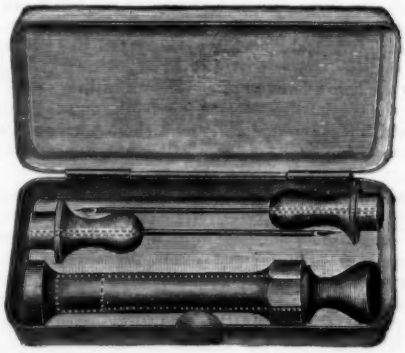
A Handbook of Quantitative Analyses. By JOHN MILLS and BARKER NORTH. London: Chapman and Hall. 1889.—Here, in the compass of a little over 200 small and by no means closely-printed pages, we find directions for a great variety of analyses, many of them requiring long training and considerable skill. Turning over the table of contents, we find not only the simpler kinds of estimation and separation, but such analyses as the following: alloys, minerals and ores—including dolomite, apatite, and chrome-iron ore,—porcelain and water; and a few pages each devoted to assaying, gas analysis, ultimate organic analysis, and the determination of vapour densities. The descriptions are clear, and upon the whole accurate, but the space allotted to so great a mass of matter is utterly insufficient. All that can be said for the book is that by its means a student here and there may be able to persuade examiners that he knows his subject.

Captain Lobe: a Story of the Salvation Army. By JOHN LAW.—This is a book dealing with the misery and destitution of the East-end of London which will be widely read. The pity is that the reader rises from its perusal with an almost sickening feeling of despair, when the author had it in his power to create the profoundest sympathy. What we may term a want of perspective is perhaps its most conspicuous defect. Impossible as it appears to the author, there are rich men whose money has not blinded them to the state of things he describes, there are ministers whose life is one long struggle to improve the condition of their people, and there are medical men who recognise the nobility of their profession. Seen through the eyes of the Salvation Army, not one of these exists, and therefore it is that throughout its pages this book does not contain one expression of hope, does not throw one ray of rosy light on the black misery it portrays. It says: "The whole of the East-end is starving; the West is bad or mad not to see the forthcoming revolution. The Salvation Army is the one body in earnest; all others are money-making and looking entirely to their amusements." Were this merely the political fustian of the day, shouted in the market-place by the self-seeking agitator, or printed in capital letters by the party scribe, whose trade is lies, we should take no notice of it; written in a book such as is before us, it becomes the duty of every thoughtful person to challenge its accuracy.

New Inventions.

NEW HYPODERMIC SYRINGE.

THIS instrument, which is manufactured by Mr. R. Rauschke, of 35, Bond-street, Leeds, is of celluloid, the cylinder thus being elastic. The advantages claimed for it are its durability, and the complete and easy dismounting permitted; the piston, requiring no packing, allows of perfect cleaning, rendering it absolutely aseptic. It is composed of three solid pieces. The barrel, an elastic tube



of uniform bore, without any screw, has both ends solid. The piston-rod is solid, and accurately adapted to the barrel for a length of about half an inch, and does not require a special conductor. The cap perforated by the needle is put upon the barrel like a stopper, and fits quite closely to the piston. This syringe is efficient and will be found of use in practice.

THE OZONIC INHALER.

THE growing interest attaching to the value of the volatilisation of many essential oils is indicated by the number and variety of the inhalers now presented to the profession. Martindale's ozonic inhaler is of graceful form and pleasing colour; it is small and light, so that it can be easily retained in the nostril or held in the mouth. The centre is packed with wood shavings, upon which any desired medicament may be poured. While the conditions for which these inhalers can be used form a long series, the immediate occasion is of course the relief of influenza. This inhaler is made by Mr. W. Martindale, 10, New Cavendish-street.

NEW SANATORIUM, LEEDS.—The Ivy House Estate, East Leeds, was some time since purchased, and a portion of it adapted as a new recreation ground for that part of the city, the house being utilised as a sanatorium in connexion with the Leeds Fever Hospital. But at the last meeting of the County Council it was decided to sell the surplus land on the estate, comprising twenty-four acres, which includes the site upon which the present sanatorium stands. In view of losing this valuable auxiliary to the efficient usefulness of the hospital, the Sanitary Committee of the corporation, with the approval of the medical officer of health, has resolved to ask the Corporate Property Committee to reserve fifteen acres for the purposes of the Sanitary Committee. The site is stated to be well suited for the proposed sanatorium.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 15, 1890.

THE question has often been debated whether the University of Oxford has done what she could for the science and profession of medicine. It has been urged with more than usual pertinacity of late years, perhaps for two reasons: first, because Cambridge has shown how possible it is for a university in a comparatively small town of England, with a population about the same as that of Oxford, to become the centre of a very considerable medical school; secondly, because the keen competition of corporations for the work of merely licensing to practise has been so marked, and in some ways so injurious, that universities have been looked to for a really high standard of medical education. The success of Cambridge cannot be questioned. She has hundreds of undergraduates training for the medical profession, and although the inspectors of the Medical Council criticise their Latinity, in spite of the fact that they have nearly all graduated in Arts, it is impossible to deny that they study hard, and that they are well taught in physics, in chemistry, in biology, and in anatomy and physiology, and that, so grounded, they acquit themselves like gentlemen and like men when they come to the second half of their medical education, for the most part in the schools of London. This fact alone gives strength to the feeling that Oxford too, with her great resources, might have done more than she has done for science in general, and for biological and medical science in particular. It is an anomaly at the end of the nineteenth century to see an ancient and rich university, still young in its attractiveness and its influence, with so little sympathy for the study of Man as he presents himself for attention in all races and under all conditions.

This old controversy of Oxford and its duty to medicine will be revived and stimulated by the appearance of a manifesto from Sir HENRY W. ACLAND, K.C.B., F.R.S., in the form of a letter—albeit purporting to be for private circulation only—to JAMES ANDREW, M.D. Oxon., senior physician to St. Bartholomew's Hospital. It is very natural that Sir HENRY ACLAND should desire to place his views on this question on record. As Regius Professor of Medicine, and previously Lee's Reader in Anatomy, it is obvious that he has held a responsible position in the university, and that he is entitled to give his own version of the efforts of himself and others to provide in the University of Oxford such instruction in the fundamental sciences on which Medicine, in its higher aspects, rests. Sir HENRY ACLAND does not pretend to believe that Oxford can ever be made a complete Medical school, or that it is desirable she should be so used. His contention is that a medical graduate of Oxford, and other graduates, too, for that matter, should obtain in the University help and encouragement in the study of Nature, of biology, of physiology, and of general and comparative pathology; that it should be the distinction of graduates that they acquire not only technical aptitudes and special knowledge, such as are directly required for the practice of the professions, but that these shall be laid deep on a broad foundation of literary and scientific culture. It is impossible not to agree with Sir HENRY ACLAND in this. Unfortunately, the universities are still *licensing* bodies, and they compete with the corporations for the *licensing* of students who desire to practise. Some of them are apt to make graduation too easy, and to forget that their primary function as universities is to confer degrees, not to grant licences. Sir HENRY ACLAND complains in various places of a tendency in his own university, against which he has had to strive, to "specialise" knowledge, to separate the medical undergraduate at an early stage from other undergraduates, and relegate him to special and professional studies before he has been duly "prepared" by careful instruction in the foundation subjects. Only last year a memorandum was circulated implying that undergraduates preparing for the medical profession, having once entered the university, should make an end of all studies but those which bore directly on the examinations in medicine. It is Sir HENRY ACLAND'S satisfaction that against these narrow views of the duty of Oxford he has set his face determinedly for forty years and more, and that his personal labours have been directed to concentrating in or about the splendid Museum, completed in 1860, all the scientific collections and appliances of Oxford. He does ample justice to all who have laboured in the same cause, and his letter includes many personal allusions of great interest and feeling. Nor is the letter less interesting with regard to other passages in which a contrary action is attributed to others. It is easy of course to say that Oxford should have done more, or that Sir HENRY ACLAND could have done more in Oxford. The movement of Oxford in this century has been so intensely and narrowly theological that perhaps the wonder is that so much has been done. This "movement" Sir HENRY—whose reverence no one will question—well says did not touch the "deepest questions" which stir men's minds. The minds that have dominated Oxford have had little sympathy with medical or other forms of science. It remains to be seen whether Oxford is capable of other "movements." It is more than a hundred years since GIBBON said "the Schools of Oxford and Cambridge were founded in a dark age of false and barbarous science, and they are still tainted with the vices of their origin." There are still ten years left of a most fruitful century, and there is time for Oxford to show that she has sympathies with the future as well as the past, and with science as well as theology and literature.

THE *rôle* of parasitism in disease is growing apace. The continued researches of the bacteriologist into the etiology of the so-called infective diseases are fast enclosing all such affections within this area. For it must be confessed that the parasitic definition attaches as much to the lowly microbe as to the more familiar and more highly organised intestinal worm or hydatid cyst. It is true that, so far as we know, the manner in which these lowest parasites affect their hosts is very different from the ordinary conception of the behaviour of a parasite, which may be held to be

an organism that takes its nourishment from the being on which it implants itself. But if we are to admit the teachings which seem to flow from bacteriology we are forced to transfer this conception, albeit reduced to the lowest possible expression, to the bacillus of tubercle or of anthrax. These micro-organisms exist and flourish in the body they infest at the expense of the latter's cell nutrition, and, moreover, they act further in producing matters which are obnoxious to the normal and regular performance of cell function, thereby inducing fever and other phenomena in addition to the local destruction that they produce upon the particular cells with which they may be considered to have intimate relation. It is not, however, our intention to enter now upon the remarkable and fascinating field of conjecture that has arisen around the problems of bacterial pathology. Our present purpose is to direct attention to the class of animal parasites, which, although long known, will, we venture to think, attract more study in the future than has yet been bestowed upon them. This is the class of the Sporozoa, of which the gregarines may be taken as a type, and concerning which so much work has been done by LEUCKART. During the present session examples of their action upon the human body have been illustrated at the London Pathological Society, and the current issue of the *Canadian Practitioner* contains the text of an interesting lecture on the subject delivered by Professor RAMSAY WRIGHT at the opening of the New Biological Department of the University of Toronto. It may prove of interest to our readers to learn how a biologist views the claims made for these low protozoal forms to be a factor in the production of human disease. The Sporozoa are unicellular organisms, wholly parasitic, and distinguishable into the four orders, Gregarinidia, Sarcosporidia, Myxosporidia, and Microsporidia. The Gregarinidia are well known for their parasitism upon insects. For the most part unicellular, they multiply by conjugation, whereby the two united cells are transformed into a single cyst, in which the protoplasm becomes segmented and finally converted into a vast number of ovoid spores, or "pseudo-navicellæ," each spore being encased in a resistent shell. The spore itself gives rise to two or more "germs," which are capable of some activity, and have been observed to penetrate into the intestinal epithelium of the insect which has taken up the spores. We have here on a small scale the alternation between a free and a stationary existence which marks so many of the higher parasites. The Sarcosporidia are usually found in the muscular tissues of vertebrates, and although it has not been proved that their presence gives rise to any symptoms, it is quite possible that some cases of "polymyositis" described by UNVERRICHT may be due to an invasion of the parasite. In the muscle they are contained in tubes, as globular cysts, of which the most developed enclose "germs" similar to those forming in the "spores" of gregarines. The Myxosporidia occur on the skin and mucous membranes of aquatic vertebrata; their spores are furnished with projectile threads. The Microsporidia have spores so small as to have been mistaken for bacteria. They invade the tissues of insects, and to them is owing the silkworm disease *pebrine*, which has caused such ravages in silk culture.

The best known forms of this class which occur as parasites in the human subject are the *coccidia*, which are so common in the liver of the rabbit. In man they have been met with in that and other organs, and doubtless would be more often found if their presence were generally recognised. Professor WRIGHT records how STEINHAUS has described one form as invading the nuclei of the intestinal epithelium of the salamander, and PODWYSSOZKI another which invades the nuclei of the cells of the human liver, causing their destruction, and inducing a kind of cirrhosis. It is here that we touch upon the potential importance of these lowly parasites. That they attack the cells and their nuclei, and thus may lead to important lesions of nutrition, is indeed a fact of wide bearing. Hence it is not surprising to find the singular affection "molluscum contagiosum" referred to their agency, whilst an explanation is afforded of the peculiar "molluscum corpuscle" which has hitherto been hard to find. The coccidia are described as invading the cells of the rete mucosum, replacing the cell protoplasm and sporulating within the cell, forming six to ten refractile bodies, which by mutual pressure convert the remains of the invaded cell around the coccidium cyst into the "molluscum corpuscle." Still more interesting are the observations of DARIER, who has demonstrated that *acne cornea* is really a "psorospermosis follicularis," and has further declared that PAGET'S disease of the nipple is characterised by the presence of coccidia in the deeper cell layers. A like interpretation has been placed upon the familiar contents of the cell-nests of epithelioma, and Dr. MACALLUM of the Toronto Histological Department showed Professor WRIGHT four years ago "sporulating cysts in epithelioma, and suggested the parasitic origin of the disease."

Of course, it may be said that there has yet been advanced but little proof that the bodies described in these cutaneous affections, and in cancer, are really what they are claimed to be, and not, as they have hitherto been regarded, merely the products of degenerative change in the cells. If it were possible to cultivate the Sporozoa, as can be done with vegetable parasites, the question might soon be settled. However, the more that is made out concerning the behaviour of the gregarine in the insect, and its allies in other and higher forms of host, the more strong will be the argument derived from analogy. It has thus been shown that these parasites can and do attack the cell elements, and hence it is not difficult to believe that even in the perverted cell changes of cancer they may take a part. The search for a bacillary parasite in cancer has proved delusive. Is it altogether visionary to anticipate that there may one day be found good evidence of a parasite of the class we are considering being at the root of this baffling group of diseases? Attention must be more and more given to cell parasitism and its effects. The remarkable researches upon the blood in malaria by many observers (of which Professor OSLER spoke in an address to be found following that of Professor WRIGHT) have shown that the blood itself may be the seat of amœboid or infusorial forms of animal life, which are very probably directly related to the disease in which they occur. Only the other day no less an authority than Professor KLEBS described similar forms in the blood of influenza subjects. In point of fact,

pathology is now being dominated by parasitism, and disease is becoming more and more the resultant of an internecine warfare between the minutest forms of life and the constituent cells of the higher organism. In the end, of course, the dead tissues become the seat of the fermentative action of bacteria. During life it depends largely on the inherent vitality of the cells whether they do not succumb to the living forces that so constantly beset them. There is, however, a vast field still open for research in this direction, and many a cherished theory may yet have to fall before the stern facts of science, whose only aim is the setting forth of truth.

WHETHER the exceptionally mild and open winter which has this year prevailed not only in the British islands but throughout Northern Europe, will be followed by an exceptionally severe spring, may be left to the future to determine. The one law that seems to be definitely established amidst all the apparently erratic phenomena of weather is that sooner or later the average of temperature and rainfall will be made up, and that exceptional excess or defect on one side will before long be balanced by a proportionate defect or excess upon the other. We have our hot and our cold, our dry and our wet seasons, but sooner or later the balance is readjusted and the average made up. Experience certainly shows that a very mild January and February are not unfrequently succeeded by a very severe March, but no general law beyond that which we have just indicated can be said to exist. That a fine February is a bad augury for the rest of the year is a belief which finds expression in various popular saws: such as "February fine and clear makes two winters in one year"; or, "All the months in the year curse a fine February." These saws have just this amount of foundation—that if the winter be unduly mild and dry, there is a probability that the spring may redress the balance by partaking of an exceptionally wintry character.

The main characteristics of the meteorology of spring in the British islands are comparative dryness and the frequency of cold easterly winds. The seasonal distribution of rainfall varies much in different parts of Europe. The general law is that in Southern Europe the rainy season is the autumn, and in Northern Europe it is the summer; while in some places, such as the United Kingdom, we find an intermediate condition, the summer and autumn being, on the whole, wetter than the winter and spring. On the Mediterranean seaboard the summer rainfall attains its minimum for Europe; while in North-west France 24 per cent. of the rainfall occurs in summer; in Northern Germany the percentage is 28; in Central Russia, 38; and in the Ural district no less than 53. Speaking generally, the summers south of the Alps are dry, those north of the Alps are more or less wet. The rainfall in the British islands shows some important differences between the east and the west coasts. Thus on the west coast the wettest month is January, and there is a second maximum in October. On the east coast October is the wettest month and February the driest. The difference between the several months in London is not great, October giving an average of 2·74 inches in sixty years, and February an average of 1·50 inches. Taking a view of the British islands as a whole, we may say that from July to January is a decidedly wetter period than from January to July, that the autumn is slightly the wettest of the four seasons, and that the spring is rather more decidedly the driest. The month of May seems to be the month in which there is the best probability of a large number of perfectly dry days. A comparison of statistics shows that the rain in winter is of the nature of frequent drizzling, while in autumn it comes down more in frequent heavy showers. This fact explains how it is that we have the impression of winter being a wetter season than the actual rainfall would indicate.

The next feature of the meteorology of spring is the prevalence of winds from the east and north. Mr. GLAISHER'S tables for Greenwich show that easterly and northerly winds are characteristic of spring, and attain their maximum in March, while westerly and south-westerly winds, which are the prevailing winds in the British islands, predominate most decidedly at the other seasons. In Western Europe the most frequent winter wind is south-west, while both in Eastern Asia and in Eastern North America it is north-west.

It is needless to enlarge upon the parching and depressing character of the east wind of the spring, as its peculiar features are only too familiar. They are no doubt due to the fact that the east wind comes to us after having traversed the dreary steppes of Central Asia and Russia, and parted with the greater part of its moisture before touching these islands. Some part of its unfavourable influence upon animal life must be attributed to the fact that it blows so steadily and with such uniform force for considerable periods. No part of the United Kingdom is free from the influence of the east wind, but it is naturally much more prevalent upon the eastern than upon the western coasts. Probably the two districts least under its influence are the south-west corner of England and the corresponding part of Ireland. Cornwall and Kerry may be commended to those who desire to avoid the worst virulence of the east wind without undertaking any distant journey beyond the confines of the British islands. Penzance, Falmouth, and Glengarriff may be specially mentioned in this connexion.

It is remarkable that, while our east wind does not prevail in Southern Europe, there is, nevertheless, a troublesome cold spring wind, which is the chief drawback to many of the most famous French and Italian sanatoria. The "Tramontana" of Italy, the "Bora" of Dalmatia, and the "Mistral" of Provence are northerly rather than easterly winds; but they share the characteristics of our east wind in so far as they are cold and parching and tend to prevail mostly in the spring. In point of origin they are related to our north-west wind; but in meteorological features and in their seasonal distribution they may fairly rank with our east wind.

The popular idea, which, on the whole, is well founded, that the spring is the most perilous season to health, is borne out by statistics, which show that pneumonia, bronchitis, and other diseases attributable to chill, are unusually prevalent at this period. This prevalence is probably due in part to meteorological characteristics, but finds some of its explanation in the habits of the people. Spring is of all seasons the one in which careless people

make the most serious mistakes regarding the precautions necessary for the preservation of health. The return of the long evenings tempts to out-door exercise, and the brilliant sunshine makes many oblivious of the perils of the searching winds. A fine day in early spring is so very summer-like that the unwary are often tempted to act, as regards dress, occupation, and amusement, as if summer had actually returned. To this cause much disease may be reasonably attributed.

IF the zeal of the School Board for London for sanitary reform in the construction and administration of their schools is to be measured by the salary which they are offering to the medical officer whom they have decided to appoint, the public can hardly hope that the recent exposures will lead to anything approaching to genuine and thorough reform. At first sight all looks promising in the extreme. The officer is to abandon all private practice, or, in other words, he is to devote his time and talents to the School Board. And these talents are to be of no mean order, for on looking at the form which is to be filled in by every intending candidate it is clear that "academic," in addition to professional qualifications, are expected. Another request shows that applicants ought to be men who have not only competence for performing high-class duties, but that they have embodied their views and their experience in "works, papers, &c.," the titles of which are to be submitted to the board. Another question aims at something higher still, for each candidate is to give information as to whether and where he has been a lecturer or a teacher of others. This is as it should be; the work demanded will be of a specially responsible sort; its results will doubtless go largely to influence the health and wellbeing of those who will in the oncoming and next generation form an important portion of the population of this vast city and of other places within the British Empire; and they aim at securing that physical wellbeing among the school teachers on which so much of their power for training and imparting mental culture necessarily depends. But one single paragraph of the announcement shows that, whatever may be expected, no special experience or qualifications are to be paid for. The salary for this highly skilled official, who must necessarily reside in or near one of the most expensive capitals in the world, and who may not add to his income by engaging in any private practice, is to be £400 a year!

The attitude of the School Board in this matter will be regretted by all who know the influence which a truly skilled and experienced medical officer might have upon the future of the vast body of children whose attendance at the public elementary schools is now enforced by law. Great waste of money, and much ill-health and disappointment, would have been saved had the School Board from the first recognised their need of a trusty and able medical adviser. The moment when the urgent need for such an official has come to be recognised is one in which that Board are charged by a portion of the public with an expenditure which has been useless because it has not been properly supervised; and, apparently by way of showing that they are actuated by economical motives, they are taking the very action which will above all others lower the status of heir medical officer, and deprive his office of the very influence which it is so important to bring to bear on the school construction and school management of the metropolis. We hope that, in the true interests of the ratepayers and the children of London, it is not too late to ask that this question may be reconsidered, and that such a salary may be assigned to this important office as will place it on a footing calculated to ensure its efficient working.

Annotations.

"Ne quid nimis."

DISCUSSION ON ANÆSTHETICS AT THE MEDICAL SOCIETY.

DR. LAUDER BRUNTON delivered a very interesting address on his work at Hyderabad at the Medical Society on Monday evening. Describing the methods he employed, now pretty familiar to those who have pursued physiological research, he passed round a number of tracings illustrative of the fall of blood pressure under chloroform &c. Dr. Brunton reiterated in the main the conclusions which have already appeared in our columns, but supplemented them by details of work which could hardly find a place in the formal report. The discussion to which Dr. Brunton's singularly lucid descriptions gave rise tended to indicate conclusions not altogether in harmony with the Hyderabad Commission's results. While admitting the force of Dr. Brunton's arguments as applied to the lower animals, the practical anæsthetists present deprecated the extension of conclusions from the lower animals to man, unless positive evidence of uniformity of behaviour of chloroform towards men and beasts were adducible. It was further pointed out that the evidence produced was, so far as the action of the drug upon the heart went, wholly negative, and that the clinical observations of Snow, Clover, and living anæsthetists were opposed to the Commission's contention that chloroform kills through the failure of respiration, and not by primary heart failure. While conceding the obvious and great value of experiments made upon the lower animals to elucidate conditions prevailing in man, one of the speakers pointed out that considerable divergence in reaction towards chloroform existed in them, and this was an additional reason for not relying too much in the present discussion upon the negative evidence Dr. Brunton advanced. None will seek to diminish the great value, both scientifically and practically, of Dr. Brunton's painstaking researches, and it must be accepted as a sign of respect to him that so eager and lively a discussion was elicited by his description of his part in the work of the Hyderabad Chloroform Commission.

THE COUNTY COUNCIL ON CITY PAROCHIAL CHARITIES.

LOOKERS-ON, it is said, see most of the game. In this way, perhaps, we may account for the generally sensible tone of criticism adopted by a committee of the London County Council towards the draft schemes for the City parochial charities published by the Charity Commissioners. In order to understand this subject it must be borne in mind that the great majority of City parishes have in course of time become almost denuded of their resident population. Consequently the charitable funds belonging to them, and representing the proceeds of valuable endowment lands, are lying idle for want of their natural outlet. Charity must therefore go further a field, but how it may best be applied in the case before us is the question. Of the whole number of parishes five retain a substantial

population, while 107 are comparatively empty. Of the endowments a portion has been assigned by Parliament to ecclesiastical uses, the rest to "general charitable uses." The aggregate of the funds is about £50,000 a year. By the Commissioners' scheme the changes effected on the capital of this income include a sum of £150,000 for the provision of open spaces in the metropolis; of about £184,000 for eleemosynary pensions, institutes, polytechnics, and places of amusement, and of something like £80,000 for the repair and restoration of a number of City churches, besides payments to local clergy. Trustees for the disposal of the funds (twelve in number) are to be chosen by the Commissioners from the County Council, various colleges, the Ecclesiastical Commissioners, and two of the parochial governing bodies. In the opinion of the Committee the details of this plan will bear amendment. Its members contend that in the case of schemes so new, complex, and large, further time should be spent in inquiry before any plan of expenditure is undertaken, that no immediate and exhaustive outlay is desirable, and that the bulk of the funds should not be devoted as under the scheme to establishing polytechnics of still uncertain permanence. In their opinion the claims of open spaces, public baths, and other aids to health are justly considered no less worthy of support. They also suggest that libraries should not be grouped within the City, but scattered among the surrounding population, that much freedom of action should be allowed to trustees, who should moreover be elected from the members of the County Council and the School Board respectively. As regards ecclesiastical grants, they deprecate the bestowal of large funds on the little-frequented City churches. Finally, they plead for the exercise of caution and reasonable economy in the application of the funds generally, trusting that time and experience will indicate their fittest spheres of usefulness. The practical character of these observations is at once apparent. For our own part, while we are not disposed to undervalue the training facilities afforded by public institutes, or the right of repair which invests our few urban remains of historic architecture, we can heartily concur in the suggestion that expenditure on either must always be regulated by a cautious regard for economy and for other pressing duties.

HEREDITY IN TEETH.

MR. FELIX WEISS, in his presidential address at the Odontological Society, made some remarks on heredity in teeth, which his long experience and careful record of cases render valuable. It has been stated that girls generally take after their fathers and boys after their mothers in the character of their teeth; but this surmise has not been borne out in Mr. Weiss's practice, though at the same time he is convinced that the teeth of children do resemble those of one or other parent. Numerous examples were brought forward showing these hereditary peculiarities. Thus, with regard to *shape*, a father had an extra cusp—or spur it may be called—upon the lingual side of the superior molars; and of six children, four had the same; and the two youngest, who had not yet cut their permanent molars, had a similar spur on their temporary molars. Peg-shaped superior lateral incisors in mother and daughter, and overhung and underhung jaws transmitted from parent to child, are frequently seen. Turning to the hereditary transmission of caries, there are great difficulties in arriving at any satisfactory conclusions, for, to prove that it is hereditary it should be detected in parent and child at about the same period of life; and although cases are frequently met with where members of the same family lose the corresponding teeth, great caution should be exercised in ascribing what may be mere coincidence to heredity. The transversely grooved and honeycombed teeth, which are usually considered due to attacks of illness at that period of life when the teeth are in a state of formation, are, Mr. Weiss believes, in many instances distinctly hereditary, as no history of illness can be found. The wisdom teeth—the most variable of all teeth in shape, size, and general characters—are often observed to resemble those of a parent or ancestor.

EGYPT AS A HEALTH RESORT.

PROFESSOR BURDON SANDERSON, whom we are glad to be able to congratulate upon his recovery from serious illness, contributes a brief note upon Egypt as a Health Resort to the current number of the *Practitioner*. He states that that country is not suitable for convalescents who are free from organic disease, and only want recuperation, because, in the first place, the climate indisposes to bodily exertion; and secondly, because opportunities for locomotion are limited and inducements small. But for these very reasons Egypt is specially adapted for those for whom rest rather than exercise is desirable, as in cases of chest disease, or where there is a liability to it. "On such patients the atmosphere of the Nile acts as a charm"; but they should avoid living at Cairo, selecting rather the hotel situated on the slope leading up to the site of the pyramids of Gizeh. He strongly recommends those equal to the journey to Upper Egypt to be as much as possible on the Nile, and cautions the invalid against over-exertion, remembering that the most splendid of the ancient remains are the most accessible, and that more enjoyment and instruction is to be gained by exploring quietly a single example than by a cursory inspection of every monument between Cairo and the first cataract. He concludes by stating that if the object in view is merely to be "pulled together" or "braced up" after an illness, when the English climate is unsuitable for out-door life, the Riviera, Corsica, and Italy are to be preferred to Egypt; but that "if you want above all *rest* of body and mind, absolute immunity from cold winds and inclement weather, and unlimited sunshine, you will find what you desire in the valley of the Nile," and he adds the useful practical injunction, "make your home for the exploration of the former at the pyramids; for the latter, on a *dahabiyeh*, or, if that is unattainable, on a postal steamer, spending as few nights as possible in hotels."

HYDROPHOBIA.

THE case of hydrophobia reported from St. Mary's Hospital, which appeared in our Hospital "Mirror" of last week, is especially interesting from the fact that it once more demonstrates the futility of drug treatment when the disease is declared. Nevertheless, it shows that in eserine (the use of which was suggested by Mr. Davis) and opium, perhaps especially the former, there are means for subduing the severity of the distressing spasms that characterise the disease. We entirely endorse Mr. Page's remark, that at the period at which the case came under treatment no drugs could avail to check the action of the specific poison on the medulla, where, after death, very obvious lesions were detected. An esteemed correspondent a short time back took us to task for expressing what he held to be too pessimistic views upon the therapeutics of hydrophobia, and reminded us that records exist of cases which have been said to have been effectively treated. But we may reply that in spite of such records, and the numberless lines of treatment that have been devised, there is no known agent which can claim to be curative once the disease has been declared. That there have been cases of functional neurosis simulating hydrophobia which have yielded to treatment must be admitted; and we venture to think that no case should be regarded as hydrophobia without the clearest evidence of the rabidity of the animal inflicting the bite. Let those who do

not despair of the efficacy of drugs in arresting the action of the rabic virus on the nerve centres first thoroughly scrutinise the records of alleged "cures" in this light. We believe they will then admit that in the Pasteurian prophylaxis is to be found the only real preventive yet discovered.

BEHAVIOUR OF THE PUPILS IN EPILEPTICS.

M. CHARPENTIER (*Rev. Gén. de Clin. et de Thérap.*, No. 6) directs attention to what he considers to be a peculiarity in the behaviour of the pupils among epileptics. Inequality of the pupils may be no sign of disease, other than perhaps some variation in the refractive media of the eye, but it is also a common indication of general paralysis, of the post-epileptic state, or associated often with facial neuralgia and migraine, and with affections involving the sympathetic. But in all these instances the inequality is more or less permanent. The condition he desires to note is a rapid, transient, and variable difference in the size of the two pupils, somewhat resembling the temporary inequality produced by closing one eye for a short time and then suddenly opening it. The phenomenon is produced sometimes at very short intervals in the same subject; it is unconnected with any fit or vertigo, or other symptom of epilepsy, and it has no prodromal significance; but it would appear to be liable to be evoked in any epileptic when he is under the influence of emotion, especially if he has a difficulty in expressing himself. M. Charpentier has not seen it occur apart from emotional disturbance and effort, and so far has only noticed it to be a dilatation of the pupil, progressively increasing or alternately dilating and contracting. He thinks that if these observations are confirmed by others, the sign may be of value as revealing the existence of the epileptic neurosis.

"LOCAL SANITARY INSPECTION."

UNDER the above heading a letter has appeared in *The Times* of the 10th inst., which again raises the question of the competence of so-called sanitary inspectors for the duties which they have to perform. The letter comes from a gentleman who a fortnight after entering a new house which had been certified to him by his landlord, on the written testimony of the architect, to be in a perfect sanitary condition, found a member of his family suffering from a malignant attack of diphtheria. There being grounds for suspecting the sanitary state of the premises, the local sanitary inspector was called in, and "pronounced everything right.' But unfortunately the sickness of the household continued, notwithstanding disinfections and allied means for getting rid of infection, and again the inspector was called in. The official, on this occasion, advised a change of milkman, and also recommended that an independent surveyor should be called in. The Sanitary Protection Association were appealed to, the result being that the main drain was found to be blocked, and the sewage was ascertained to be leaking into the soil beneath the basement. The Public Health Act and the Sanitary Acts recognise no "sanitary inspectors," the legal status of such officials being inspector of nuisances. And this old title implies clearly what was originally expected of such officers. But the times have changed, and nuisance inspectors, surveyors, and architects nearly all now profess ability to advise on matters of sanitary construction, whereas whilst they are at liberty to make public this profession of skill, they are free from all obligation to learn even the alphabet of sanitary science. The result is that which has transpired in the present instance. The societies with which surveyors and architects are associated ought to be strong enough to remove the stigma which permits anyone to style himself by a name implying professional and skilled knowledge; but as regards the inspector of nuisances the demand for competence to perform the duties which now attach to that office must come from the public, and the constant recurrence of such incidents as we have recorded ought materially to strengthen the hands both of those who require from Parliament some guarantee that these publicly paid officials shall know at least the first elements of the sanitary duties they have to perform, and of those who demand compulsory powers as to the sanitary registration of buildings.

DRUNK OR DYING?

AT an inquest held by the coroner for East Surrey on the body of a woman aged forty-two, the wife of an upholsterer, on the 8th inst., it was stated that the woman had been taken to a large London hospital during the night of the 4th, but sent away as only slightly injured, and the unusual mental condition was ascribed to drink by the gentleman on duty. From the hospital she was taken to the police station by his advice and thence home, where she died on the following day. The medical man who attended her at home, and who had made a post-mortem examination, found a scalp wound at the back of the head which extended down to the bone and a fracture of the base of the skull with contusion of the brain. It appears that the woman was found lying on some steps, and that she had taken a little alcoholic stimulant only a short time before she was found, so that the breath would smell of alcohol. At the hospital she was only seen by the dresser on duty, an unqualified man, who for some reason thought it fit to violate a rule of the hospital, and send the patient away on his own responsibility and without calling the house surgeon. It is not possible to say that the life of this patient would have been saved had she been admitted, but nothing could excuse sending away such a case without reference to the house surgeon. We note that the hospital authorities propose to consider the conduct of the dresser, and mark their sense of his neglect of a rule of the institution made especially to guard against the recurrence of such unfortunate mistakes. Few cases require greater care and skill in diagnosis than those of head injury which simulate drunkenness; in fact, in many instances it is not possible to say whether there is a fracture of the skull or not until some days have elapsed. We hope that the lesson conveyed by this case will not be lost.

POISONING WITH LAUDANUM.

A VERY curious case of poisoning with laudanum recently led to some startling statements at an inquest held at Darlington. A man who had been drinking heavily threatened to take laudanum, and procured sixpennyworth from a chemist, saying that he "wanted it for his rabbits." Later in the day he was taken very ill, and medical assistance was obtained, and some policemen, according to the wife's statement, walked the deceased about until he died in their arms. This occurred on a Tuesday, yet from the evidence it appeared that the doctor saw him again later, and continued to call until the Thursday afternoon. The wife stated that when her husband was taken upstairs the doctor said he was dead, but the heart was moving by the action of the poison. He remarked that the heart was still living, and said the same both on the first and second visit. He said the heart moved for hours after in cases of laudanum poisoning. All this was denied by the medical witness in his evidence; but his account of the case, as published, seems to call for some further explanation. He said that when he arrived the deceased was unconscious, and had the appearance of having taken a large dose of laudanum. An emetic was given and the stomach-pump applied; but it was evident that by that

time the laudanum had been to some extent assimilated. On his second visit he thought the case hopeless, and at six o'clock in the evening, on his third visit, he found the deceased "laid out as though dead, but he was in a state of profound coma." He breathed at the rate of about eight per minute, and the heart was to be heard distinctly beating slowly. The case was then absolutely hopeless, and he took no steps to restore animation. He visited the deceased twice on Wednesday, and he still breathed, but on Thursday he was dead. Notwithstanding the verdict of "Death by poisoning during temporary insanity produced by drinking," it is impossible to consider the medical evidence, if correctly reported, as entirely satisfactory. For a man to be left so long in a comatose state without any steps being taken to restore animation appears incredible, and we cannot think the report to be correct, and should be glad to receive any information which will furnish a satisfactory explanation. The readiness with which the man obtained the laudanum was apparently accounted for by a juryman remarking that laudanum was "used to dye rabbit skins."

THE VENTILATION OF STEAMERS.

ATTENTION has been directed in the *Engineer* to the imperfect arrangements at present made for ventilating the fire-rooms and engine-rooms of ocean steamers. Not only is the temperature of these rooms excessively high, but frequently there is no free circulation of fresh air. This is often due to running dead before the wind, and the small supply of oxygen is often so marked that not only do the men become cyanosed, but the furnaces refuse to burn, and the steamer has to be turned out of its course so as to secure a certain amount of head wind. Merely working in such a high temperature must be exhausting in the extreme; but when to this there is added an insufficient supply of fresh air for respiration and for cooling the skin by causing evaporation, the conditions become extremely prejudicial to health. The remedy, as pointed out by our contemporary, is to have an arrangement of fans and arterial pipes to collect air from a pure source, and to distribute it freely to the various rooms as may be required. This has been done already on the *City of New York* and other large steamers, and it is to be hoped that the custom will soon become general. It is pointed out that the advantages and convenience would soon repay the slight additional outlay, and we think the authorities might well insist on due provision being made for the efficient ventilation of the above-mentioned parts of ships before the usual certificate is granted.

PNEUMONIC INFECTION IN UTERO.

THE recognition of the infective nature of pneumonia by the bacteriologist has seldom received so marked an illustration as in the contribution by Dr. Levy of Strassburg (*Arch. f. Exper. Path.*, 1889; *Abstr. in Fortsch. d. Med.*, 1890, No. 2) upon the apparent transmission of this disease in utero. The case is related as a "typical example of infection of the fœtus in utero with Fraenkel's diplococcus." The child was born at full term the day before its mother died from pleuro-pneumonia. Three days later the infant itself succumbed to a "hæmorrhagic, catarrhal, lobular, and lobar pneumonia." The diplococcus was found in the pleuritic exudation of the first case, and mice inoculated with this fluid died with all the recognised signs of "pneumonococcus sepsis," presenting fibrinous pleurisy and pericarditis, splenic swelling, and diplococci in the blood and viscera. The infant's lung yielded the same microbe. That neither the inhalation of foreign bodies nor septic infection caused its pneumonia was proved by microscopical examination. Moreover, it is stated that râles were heard in the infant's chest within seven hours of its birth, and that many cocci were found in its blood. It is held that it could not have received the disease except through the maternal blood, so that the argument involves not only the infectivity of pneumonia but its transmissibility to the fœtus. To this one might add, as a possibility not to be disregarded, the effect of chill on the new-born infant, upon which the history is silent; but according to the new teaching, if chill had operated it would have been as a predisposing and not as an efficient cause. It is stated that pneumonococci have been found in the fœtal blood, but that for a pneumonia to occur the infant must have breathed. Is not this a weak link in the chain of etiological reasoning?

INCREASED ALCOHOLISM.

THE gross increase in the national expenditure on drink for 1889, as compared with 1888, was £7,597,930, and was distributed as follows: On British spirits, £1,219,758; on foreign and colonial spirits, £521,732; on beer, £5,263,572; on wine, £592,868. The ready explanation given, and, we suppose, the correct one, is the increased prosperity and purchasing power of the people. It will be noticed that the great increase is in the consumption of beer. We regret this increase, and have no apologies to offer for it. It is an error of intelligence that will lead to errors of health which only medical men will know of. The amount consumed by the people of England, Scotland, and Ireland was already so much in excess of all possible physiological want, and taken in such disregard of medical opinion, that the addition of seven millionsworth more is a serious matter, none the less so that the amount taken is consumed by a diminishing number of persons. The great desideratum to be arrived at is the reduction of casual drinking at odd times, and on empty stomachs. This infallibly leads to disease and disaster.

THE PROSTATE GLAND: ITS ENLARGEMENT OR HYPERTROPHY.

IN a third paper on this subject in the last number of the *Journal of Anatomy and Physiology* Mr. Griffiths, the assistant to the Professor of Surgery at Cambridge, arrives at the following conclusions: 1. That enlargement or hypertrophy of the prostate gland results from a growth of the gland tubules with their associated muscle, so as to form new gland substance, closely resembling in its structure the normal gland. This constitutes the first or glandular stage. 2. That after a variable time degenerative changes set in, which ultimately convert the new tissue into a mass of more or less dense, fibrous, connective tissue, containing only the atrophied remains of the glandular and muscular elements. This constitutes the second or fibrous stage. 3. That no enlargement takes place behind the urethra except when glandular substance exists behind and above the level of the veru montanum in the situation of the "third" or median lobe. 4. That the so-called "tumours" are not in reality tumours, but merely pronounced localised enlargements of the gland, which pass through the same stages as the gland when enlarged as a whole. 5. That true muscular tumours (myomata) do sometimes, though rarely, arise in the substance of the prostate gland, but that they are pathologically different from the ordinary local or general enlargement of the gland.

THE POLLUTION OF THE RIVER AIRE.

A CAREFULLY compiled report on the pollutions of the river Aire, especially in their relation to the town of Goole, has been presented by Dr. J. Mitchell Wilson to the sanitary authority of that place. The whole story of the river and of its pollutions, past and present, is set out in detail, and

tables are appended showing the varying condition of the river at different points, and comparing it with the other chief rivers and their tributaries in the Yorkshire fishery district. As the outcome of the inquiry it is stated that there is abundant evidence that the Aire is now fouled and polluted by every kind of manufacturing refuse and by house sewage, and that these pollutions have much increased during recent years. The question of the influence of this state of affairs on health is also discussed in the report, and the conclusion come to is that the effects are known to be prejudicial to the health and interests of those living on the river, and this especially in its course below Leeds. The area drained by the two rivers Aire and Calder jointly is 794 square miles, on which reside some 2,500,000 people; but there is much manufacturing wealth within that area, and it is believed that, apart from the question of health, other trades and followings would be advanced were it not for the absence of pure water in these great river ways. Hence it is to be hoped that the public and the manufacturing interests concerned will before long demand that the purification of these notably foul rivers shall be undertaken and carried out. Such reports as Dr. Mitchell Wilson's fortunately tend in the direction of some such result.

ADVERTISEMENT OF MEDICAL MEN THROUGH HOSPITAL REPORTS.

IT is the custom of some hospitals in their reports to publish the addresses of the members of the medical staff, whereas at St. Bartholomew's and other hospitals the names only of the medical officers are given. This difference has been noted of late, and we commend to the authorities of all hospitals to follow the example of St. Bartholomew's Hospital, and to publish the names alone. The medical officers of the various staffs can themselves do much to promote this arrangement. The staff of the Brompton Consumption Hospital has passed a resolution in its favour. Nothing is to be more deprecated than the use of hospital appointments as a means of self-advertisement, and we feel sure that on reflection the majority of those who have the honour to hold hospital appointments will take this view, and be ready to urge its adoption in their respective hospitals.

THE UNIVERSITY OF EDINBURGH CLUB.

THE annual meeting of this club, and subsequently its quarterly dinner, were held at the Holborn Restaurant on Wednesday evening. Dr. Matthews Duncan occupied the chair. Various distinguished visitors were present, among others Mr. Long, R.A., the Rev. Mr. Nelthrop, and Dr. Manson (of China). The reports showed the club to be in a flourishing state, with a satisfactory balance-sheet. There had been a somewhat large mortality of members, but a yet larger addition of new ones. Dr. Matthews Duncan proved a most effective chairman, and, speaking to the toast of the evening, dwelt on the need of a Teaching University in London and on the future of the Scotch universities under the new Bill. He was eloquent on the youthfulness and enlargement of the Edinburgh University. His health was proposed in very feeling terms by Dr. Mercer Adam of Boston, and most warmly received by the Club.

PUBLIC ABATTOIRS IN LIVERPOOL.

THE Liverpool Abattoir Company have come within twenty years of the end of their lease, granted fifty years ago, and have applied for a renewal for another period and for additional land to erect more buildings. But the surroundings of the abattoirs have altered, and what was formerly a sparsely inhabited neighbourhood has now become more thickly populated. The Abattoir Company should therefore be required to conduct their operations in a situation at a further distance from the city; and this view is, we understand, taken by the medical officer of health and the medical profession in Liverpool. We do not doubt that the Council will determine not to grant the renewal of the lease, and the company should devote the years during which they still retain possession of the existing site to seeking and obtaining one in a position better fitted for such business as the slaughtering of animals.

ISLINGTON AND THE SANITARY LAWS.

THE Islington Sanitary Committee have had under consideration the circular of the Local Government Board, calling the attention of the metropolitan sanitary authorities to the opportunities afforded by the law for the better sanitary administration of districts. The Committee, in replying, have pointed out the inevitable delays in securing the abatement of nuisances resulting from the various decisions of magistrates and from the tedious procedure under the Nuisances Removal Act. The Committee urge that a penalty should follow whenever there has been neglect to comply with the order of a sanitary authority, and that if the law were thus amended many difficulties at present thrown in the way of the vestry would be avoided. This is a useful suggestion and should be acted on by the Local Government Board in their amendment and consolidation of the Public Health Acts. The point was brought before the Royal Commission on the Housing of the Working Classes by the present medical officer of the County Council, but we presume it was not regarded as one which could be conveniently dealt with at that time. An excellent opportunity is now given for the incorporation of this amendment in the new Bill.

THE NEW LUNACY ACT.

THE value of the protection afforded by the new Lunacy Act to medical men has just been demonstrated in an action founded upon an allegation of slander preferred against Dr. Staples by a patient whom he, acting upon proper instructions, had examined as to his sanity. The allegation in the statement of claim appears to have been singularly devoid of substance, for it does not appear that the plaintiff found fault with anything except the most necessary statement made by the medical man to the relatives of the plaintiff as to the object of the professional visit which the doctor paid to the patient at their house. This, because it involved the proposition that the defendant was supposed to be a lunatic, formed the slender ground upon which the complaint of slander was based. It seems a little hard that so frivolous an action should lie against any man, be he medical practitioner or practitioner of any art whatever. Happily the result of an application made by Dr. Staples to the Divisional Court of Queen's Bench is to show that a medical man at least is protected in such circumstances in respect of any step properly taken by him with a view to determining the sanity of a patient; for the Court held that it was not necessary that the patient should be actually insane, or even that a certificate of insanity should have been given in the result.

THE GERMAN HOSPITAL, DALSTON.

AN acute controversy now rages in this quiet and generally well-ordered hospital over a modest proposal to place two of the active and honorary members of the medical staff of the hospital on its committee. It is unintelligible to us how such a proposal should be opposed, much less resented, and received with all sorts of forebodings of evil, including the closing of the hospital, according to the chairman of the committee, and the loss of £2000 a year according to

another gentleman. Such resistance is most unjust, not to say ungenerous, to the medical profession, to whose *honorary* services the hospitals are indebted for their usefulness and their fame. The report of the proceedings will be found elsewhere in our impression of to-day, and will be read with great surprise by our readers. The concession demanded is actually the rule of 70 per cent. of the best general and special hospitals of London. It is lamentable to find that the chairman of the meeting of governors, Baron von Schröder, was among the prophets of evil. His contributions to the hospital have been amongst the largest, and guarantee his interest in its prosperity. Can he doubt that the honorary medical officers, presumably the oldest and most established of the staff, whose contributions of service compare with those of Baron Schröder himself, have the same interest in upholding the reputation and the usefulness of the hospital? Yet the chairman allowed himself to argue as if the medical officers were paid officers, like the manager and secretary of a company. The resolution to admit the medical officers was carried by a majority of five only, and a poll was demanded. We are glad the point has been carried, but it is for the medical officers to say whether they will take the privilege accorded so grudgingly.

LIFE ASSURANCE WITHOUT MEDICAL EXAMINATION.

THE directors of the Sun Life Assurance Society announce what is called, somewhat inaccurately it would appear, a scheme of life assurance without medical examination. Broadly the plan is this: The proposer who desires to be admitted to membership without submitting to medical examination makes a payment to the Society and furnishes, we presume, the usual information as to his personal and family history and general health. He is then admitted to the rank of a probationer, and may remain in that position for a period of five years. During this interval he continues to pay his premium, and it is accumulated to his credit. Should he die before its expiration, the amount of the accumulated premium is restored to his representatives; should he survive, he may make a declaration as to his state of health, and thereupon receive a policy securing the payment of a sum of money on what is known as the endowment-assurance plan—that is to say, it will be payable to himself if he should survive a certain limited period at the end of that limited time; but if he should not survive, the sum assured will become payable immediately upon his death to his representatives. The scheme, for which a considerable amount of public attention has been challenged, does not strike us as being particularly meritorious. The function of a life assurance company is to provide, by the administration of a jointly contributed fund, against the pecuniary consequences of premature decease. People who only want to accumulate their savings may do so with much less trouble, and at a much smaller brokerage, than is involved in the taking and maintenance of a Life Assurance policy. What the intending policy-holder wants is protection in the event of his dying to-day or to-morrow or next month. This new scheme, in so far as it amounts to a departure from the existing practice and familiar form of the life assurance contract, amounts also to a renunciation of the life assurance principle. If the directors of the Sun Life Office really had the temerity to undertake, in the ordinary sense of the word, the assurance of lives which had not been subjected to medical selection, they would speedily bring their company to ruin, for it would be shunned by sound lives and assuredly favoured by invalids. By adopting a form of contract in which the life assurance element is a very subordinate part they will no doubt reduce the importance of the medical examination proportionately, and it may even be that in this way they may reduce it to a point at which it may be safely dispensed with altogether. But their contract is no longer life assurance except in name. It may be banking, it may be an investment trust, it may be any one of a great many things besides; but it is, we think, a mistake to seek business by means of an offer of life assurance without medical examination.

WOOD AS A SOURCE OF HUMAN FOOD!

PROBABLY no modern science presents a wider field for speculation than that of chemistry, and more especially, perhaps, that branch of the science which treats of organic compounds. Since the day when Wöhler overthrew for ever the notion that organic substances were exclusively the products of the operation of a so-called vital force by his discovery of the synthesis of urea, a great number of bodies, hitherto obtained only in Nature's laboratory, have been successfully built up, as the result of a careful and most minute study of their exact nature. The discovery of the preparation of substances by artifice, more particularly the dyes, has, as a matter of course, influenced very considerably home and foreign industries. What shall be said, then, when chemistry promises to solve hard problems of political and social economy? In an address delivered at Heidelberg, by no less eminent an authority than Victor Meyer, it is announced "that we may reasonably hope that chemistry will teach us to make the fibre of wood a source of human food." What an enormous stock of food, then, will be found, if this becomes possible, in the wood of our forests or even in grass and straw. The fibre of wood consists essentially of cellulin, $C_6H_{10}O_5$. Can this be made to change into starch? Starch has exactly the same percentage composition, but, as everyone knows, it differs very much in its properties, and the nature of its molecule is probably much more complex. Cellulin is of little or no dietetic value, and it is not altered, like starch, in boiling water. It readily gives glucose when treated with strong sulphuric acid, as is easily shown when cotton-wool, which is practically pure cellulin, is merely immersed in it. Starch gives the same product when boiled with weak acid. The author further quotes the researches of Hellreigel, which go to show beyond dispute that certain plants transform atmospheric nitrogen into albumen, and that this process can be improved by suitable treatment. The production, therefore, of starch from cellulin, together with the enforced increase of albumen in plants, would, he adds, in reality signify the abolition of the bread question. It must be borne in mind, however, that theory, fascinating and promising though it may be, is not always capable of being followed up by a practical result.

CONVALESCENT AID FOR THE POOR.

THE *end* of an illness is not to be measured by the apparent disappearance of a disease. It means no less than the restoration of health, and the stage of convalescence which precedes this is as much the languid close of the recent struggle as the awakening of a fresher life. Every recovering invalid has felt this. Many such who are workers, especially if poor workers, have learnt it by sore experience. It will therefore be generally allowed that in the case of these latter an offer of charitable relief is no mere freak of sentiment, but a boon as needful as it is well-timed. Public feeling in our own day has been wisely active in this direction. Numerous agencies afford the sick poor the opportunity of awaiting and promoting the slow return of vigour in some place of rest outside the hurry and worry of their daily calling. Among them is the Metropolitan Convalescent Institution, the report of whose usefulness was read at a meeting of its supporters a few days ago. From the statement it

appears that more than 5000 convalescent poor have been received free of charge into the rural homes administered by the institution during 1889, and more than 111,000 since its establishment fifty years ago. The record thus briefly presented is a suggestive one. Were it illustrated, as it easily might be, by a recital of the facts of need and sympathy to which it points, it would impart even to this plain chapter of every-day life something like a dramatic interest. Were the report of work done by the institution further supplemented by those of many kindred societies, few if any of us could fail to be convinced alike of the utility of such efforts and the wisdom of assisting them. Without their aid the poor man's overworked and incapable convalescence would often be a veritable return of disease. The claim of such associations on the hearts and hands of all who have the means with which to help on their work is therefore indisputable.

THE TENTH INTERNATIONAL MEDICAL CONGRESS.

FOR the furtherance of the objects of the coming Congress at Berlin, and to facilitate the arrangements, steps are being taken to form committees in the various countries which are likely to be represented at the meeting. Already such committees have been formed in Holland under the chairmanship of Professor Stokvis, and in Denmark under that of Professor Lange. In Italy Professor Mosso and in England Sir W. Mac Cormac have undertaken to form similar committees, and it is hoped that other countries will do the same.

NOTIFICATION OF INFECTIOUS DISEASES IN LINCOLN.

A MOTION to adopt the provisions of the Infectious Diseases (Notification) Act, 1889, has been defeated by one vote in the Lincoln Town Council. The whole council then recommended that the medical practitioners of the city be approached with a view of ascertaining whether they were willing to report to the medical officer of health any cases of infectious disease in which the assistance of the sanitary authority would be useful in the public interest. Whilst we should be sorry to say that if such partial voluntary notification were adopted no material good would result, yet we cannot but remember how similar attempts have failed elsewhere. Indeed, the passing of the Act of 1889 leaves but little choice between the adoption of its provisions or the abandonment for the present of any attempt at successful notification.

PEERAGES AND TITULAR HONOURS TO MEDICAL MEN.

A MORNING contemporary argues in a liberal spirit for a more generous recognition of the claims of medicine to the notice of Her Majesty. It is undoubtedly anomalous that in a country which owes more than any other State, ancient or modern, to the sagacity and public spirit of its medical men there are so few who bear titular distinctions, and that in the Second Chamber of its Legislature they are denied admittance. So much the worse for the Second Chamber, which would have a much more assured future if it could show that it contained the best specimens of all classes.

A HOSPITAL FOR THE INSANE.

ON Wednesday the report of the Committee of the London County Council on a Hospital for the Insane was issued. In the inquiry on "the advantages which might be expected from the establishment, as a complement to the existing asylum system, of a hospital with a visiting medical staff for the study and curative treatment of insanity," sixteen medical witnesses were examined, all of whom were of opinion such a hospital was desirable. Questions on the main subject were sent out to all the medical superintendents of public asylums in England and Wales, and out of the sixty-five gentlemen who replied, forty-nine were dissatisfied with the facilities under the present system for the investigation of disease, twenty-four fully approved of the proposed hospital, and seventeen approved with some qualification, while nine were ambiguous.

THE SEWERAGE OF EAST MOLESEY.

ANOTHER attempt is being made to provide means of sewerage for East Molesey, formerly within the area of the Lower Thames Valley main sewerage district. The scheme has been prepared by Mr. Mellis, C.E.; but as it includes works of precipitation and of chemical deodorisation, as well as treatment by downward intermittent filtration on an area of land in the district of the West Molesey local board, it has met with much opposition on the part of those who anticipate that their district and properties will be injuriously affected by the works and methods to be adopted. A report on the subject will shortly be laid before the Local Government Board by their Engineer-Inspector General Carey, R.E.

OFFICIAL TRIAL OF AMADOU IN THE TREATMENT OF CARCINOMA.

IN two cases of uterine cancer occurring in his clinic, Professor Slavianski administered amadou (Polyporus igniarius), which had been asserted by some woman to be a certain remedy for the disease. This was done at the request of the Russian Minister of War. A decoction of six drachms to three pounds of water was made. A teacupful was given internally from three to five times a day, and an injection of the same an equal number of times. Dr. J. Lapis states that there have been no beneficial effects from this treatment, and that all reputed cures must be due to a false diagnosis.

TREATMENT OF PHOTOPHOBIA.

AT the last meeting of the Paris Ophthalmological Society (*La France Médicale*, No. 6), M. Guttierer Pouce spoke of a case of keratitis with intense photophobia, in which he had successfully treated that symptom by what he considered was "direct anæsthesia of the Gasserian ganglion," effected by the simple device of inserting into the external auditory meatus a plug of cotton-wool soaked in chloroform.

CONSOLIDATION OF THE SANITARY LAWS.

FROM the Queen's Speech it appears that Bills will be presented to Parliament during the present Session for the consolidation and amendment of the laws with respect to public health in the metropolis and to the dwellings of the working classes.

FOREIGN UNIVERSITY INTELLIGENCE.

Cracow.—Dr. Barenski has been appointed Extraordinary Professor of Special Medical Pathology; Dr. Gluzinski, Extraordinary Professor of Therapeutics; and Dr. Jordan, Extraordinary Professor of Obstetrics and Gynæcology.

Heidelberg.—Dr. Herczel, Assistant in the Surgical Clinic, has obtained recognition as *privat-docent* for Surgery.

Munich.—Dr. L. Heim, a military surgeon, has been recognised as *privat-docent* in Hygiene.

Vienna.—Drs. Eiselsburg, Fraenkel, Salzer, and Ullman have obtained recognition as *privat-docenten* in Surgery, and Dr. Pick as *privat-docent* in Internal Medicine.

Würzburg.—Dr. L. Klein, a military surgeon, has obtained recognition as *privat-docent* in Hygiene.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. Daniel Mollière, Professor of Surgery, and Dr. Cauvet, Professor of Therapeutics at Lyons, both of the sequelæ of influenza.—Dr. Hock, a Vienna ophthalmologist; Dr. Becker, Professor of Ophthalmology in Heidelberg.—Dr. E. von Wahl, Professor of Surgery in Dorpat, in consequence of a recent accident; his mother was English, and he was not only an English scholar but a great admirer of English surgery, and was foremost in Russia in the introduction of Listerism. He was experienced in several branches of the profession, having been in charge of medical wards and having taught hygiene, and in early life was devoted to natural science. By his death not only surgery but medical journalism has suffered a great loss, for he was editor of the *St. Petersburger Medicinische Wochenschrift*.

AT the meeting of the Royal Commission on Vaccination last week, Lord Herschell presiding, Dr. H. N. Maclaurin, late medical officer of New South Wales, gave evidence on the working of the laws in that colony, after which evidence was heard from those opposed to vaccination. Mr. P. Luck of Eastbourne, Mr. P. Robson, and Mr. C. Haywood of Ashford, Kent, expressed themselves as strongly opposed to the compulsory clauses of the Acts. On Wednesday last the taking of evidence was resumed from persons opposed to compulsory vaccination, and who had suffered fine or imprisonment for non-compliance with the law.

THE Khedive has conferred on Mr. Harry Maule Crookshank, M.K.Q.C.P.I., F.R.C.P. Edin., the rank of Mirmiran (Pasha). Mr. Crookshank has been the recipient of many Eastern honours. He was appointed in 1884 Director General of the newly organised Prisons Department and Convicts Establishment in Egypt. In January of last year he proceeded to Suakin with 200 convicts to assist in building the new forts, and in August of the same year he proceeded, at the Sirdar's request, to Shellal with a small medical staff and took over the charge of the sick and wounded Mahdist prisoners and refugees.

AT the meeting of the Royal Statistical Society, at the Royal School of Mines, Jermyn-street, on Tuesday next, a paper will be read by Mr. Noel A. Humphreys, on the Statistics of Insanity in England, with special reference to the question of evidence of its increasing prevalence. We are requested to state that any member of the profession interested in the subject may obtain a card for admission from the assistant secretary of the Royal Statistical Society, Adelphi-terrace, and, if present, will be invited to take part in the discussion which will follow the reading of the paper.

THE influenza epidemic is on the wane in Italy. In a mild form it still prevails in the southern towns, but in the central and northern parts of the peninsula it has sunk to merely sporadic proportions. In Florence, indeed, where it appeared in greatest force, the lazaretto specially opened for it is now closed for want of inmates.

SIR JAMES PAGET, Bart., has consented to take the chair at the biennial dinner of the Royal Medical Benevolent College on April 17th, at the Hôtel Métropole.

MR. R. D. R. SWEETING, medical superintendent of the Western District Hospital, Fulham, has been appointed a medical inspector of the Local Government Board.

THE Ministry of Public Instruction at Buda-Pesth has announced that a Pasteur institute is to be added to the University. He stated that fifty-one patients who had been bitten by rabid animals had gone from Hungary to Paris for Pasteur's treatment from 1885 to 1888, and that not one of them had died.

ON Monday next, Feb. 17th, Dr. Gilbart Smith will read a paper on the recent "Epidemic of Influenza" at the Medical Society of London at 8.30 P.M. An important discussion is expected to arise on the paper.

THE Queen has been pleased to appoint Sir Alfred Baring Garrod, M.D., F.R.S., F.R.C.P., to be one of Her Majesty's Physicians Extraordinary.

THE Prince of Wales has been pleased to appoint Sir Dyce Duckworth, M.D., F.R.C.P., to be an Honorary Physician to His Royal Highness.

Pharmacology and Therapeutics.

INJECTIONS IN ACUTE GONORRHŒA.

DR. L. FRIEDHEIM, assistant in the clinic of Professor Neisser at Breslau, who has made a large number of observations with several drugs, such as zinc, lead, bismuth, tannin, various preparations of mercury, permanganate of potash, creolin, &c., to test their astringent effect as well as their capacity for destroying gonococci, is equally dissatisfied with all the usual drugs. They all had either no permanent effect in destroying gonococci, or they irritated the mucous membrane to such an extent that their administration had to be stopped. Nitrate of silver alone acted quite satisfactorily. The author reports on 318 cases treated with this drug, 237 of which proved its anti-bacterial effect satisfactorily. Unfavourable results were chiefly obtained with out-patients who lived in unsatisfactory circumstances. The following is the *modus operandi* in Professor Neisser's clinic:—Every acute gonorrhœa is immediately treated with an injection of nitrate of silver of the strength of from 1 in 4000 to 1 in 2000. The discharge generally increases at first, becoming thicker and more purulent, but very soon decreases and becomes thinner, whiter, and more epithelial. The gonococci decrease in a remarkably short time, and sometimes entirely disappear in a few days. The injections are first administered from four to six times a day, and are then reduced to one or two in the twenty-four hours, when at the same time a mild astringent like zinc or boracic acid is injected; but even after entire cessation of the discharge, the nitrate of silver is still injected once a day for many weeks. The proper regimen must be followed for an equally long time. The injections are administered even when complications occur, especially epididymitis.

NARCOTIC EFFECTS OF ESSENCE OF NUTMEG.

Essence of nutmeg is generally considered to be a general stimulant; but recent observations tend to show that, although small doses produce a certain degree of excitement, large ones have a powerful narcotic effect. Cullet has reported a case in which a man who had swallowed half an ounce of powdered nutmeg became sleepy and stupid. Savager has had a case where a child who had chewed five large nutmegs was sent into a deep sleep, with relaxation of the muscles. MM. Cadéac and Albin Meunier, who have made systematic observations on the subject both on animals and on human beings, have expressed their conviction that nutmeg should be classed amongst narcotics rather than amongst excitants. These observers found that doses of 20 centigrammes, or about one-third of the quantity of essence yielded by an average nutmeg, when injected into the venous circulation of a dog weighing

15 kilogrammes produce almost immediately symptoms of great fatigue, drowsiness and torpor, so that the animal can be beaten without its attempting to move, sometimes also vomiting and involuntary defecation occurs. When a dose of about four times this amount is given, there are some signs of excitement, and the animal becomes hyper-sensitive to light and noise; but its movements, though strong, are stiff, and there is great want of coördination. After about half an hour prostration comes on, and it slinks away into a corner. With very large doses—about ten times as large as the first mentioned—there is hyperæsthesia of the sensorium, with muscular rigidity, the movements being characterised by great want of coördination; convulsions also occur, and regular voluntary movements only become possible after about half an hour, when the animal is completely exhausted. A dose of 50 centigrammes will kill a dog weighing 6 kilogrammes in twelve hours, and a dose of 1·25 grammes a dog weighing 9 kilogrammes in an hour and a half. A dose of 65 centigrammes (about 10 grains), or even double that quantity, in the human subject produces no general excitement, but merely a slight headache, at first supra-orbital, then frontal, and some diminution of cerebral and muscular activity. Essence of nutmeg produces gastric and intestinal contraction; but it has little effect on the circulation, and, such as it has, is of a sedative or depressing character, and consequently it is erroneous to prescribe the drug as a "cordial."

PICRATE OF AMMONIA IN MALARIA.

Dr. A. Studenezki has administered picrate of ammonia, as recommended by Dr. H. M. Clark (see THE LANCET, vol. i. 1887, p. 366), in sixty-two cases of intermittent fever. He is of opinion that this drug is valueless as a substitute for quinine, since it does not lower the temperature. It does, however, instead of causing gastric disturbance, relieve it. Dr. Studenezki considers picrate of ammonia is chiefly indicated when the patient is suffering from some apyrexial form of malaria, and has not yet become cachectic. It might, he thought, be given on the non-febrile days during an attack of ague, and that as much as six grains during the twenty-four hours may be given without any unpleasant consequences.

SODIUM CRESOTINATE AS AN ANTIPYRETIC.

Some fourteen years ago this drug was recommended as an antipyretic, but the uncertainty of its composition and action caused much disappointment. Probably the salt then employed consisted of the sodium salts derived from ortho-, meta-, and para-cresotinic acids. It has recently been asserted that the first is inoperative, the second dangerous, while the third is well tolerated by adults in quantities reaching to six or eight grammes daily. Professor Loesch finds that when administered to children it acts as an active antipyretic in large doses, one gramme having been given to a child twelve years old within three hours. It is said also to give good results in acute gastro-intestinal catarrh in children. The salt dissolves in twenty-four parts of warm water, from which it does not separate on cooling. It is said to occur as a fine crystalline powder, with a distinctly bitter but not disagreeable taste.

OPEN SPACES.—The Earl of Home has offered to sell the Barrack Park at Dundee to the Town Council, as a recreation ground, for £35,000. The park extends to twenty-three acres, and the land is worth at least £70,000 for building purposes.

LADY DUFFERIN'S FUND.—The fifth annual general meeting of Lady Dufferin's Fund was recently held at the Calcutta Town Hall, the Viceroy presiding. The report of the Central Committee records a steady expansion of the work of the Association during the first year of Lady Lansdowne's tenure of office as lady president, and mentions that 238 students are studying at different medical schools, and that several past students are now doing well in private practice or in connexion with institutions under the fund. Many native States are sending students to be trained at the central colleges. The Viceroy thought the Association had now passed out of the period of sentiment and excitement, and had steady-going, business-like surroundings. He expressed in Lady Lansdowne's name her deep regret that the Association was about to lose in Lady Reay one of its most energetic supporters.

REPORT OF THE LANCET
Special Sanitary Commission
ON
PUBLIC ACTION IN RESPECT OF COMMON LODGING-HOUSES.

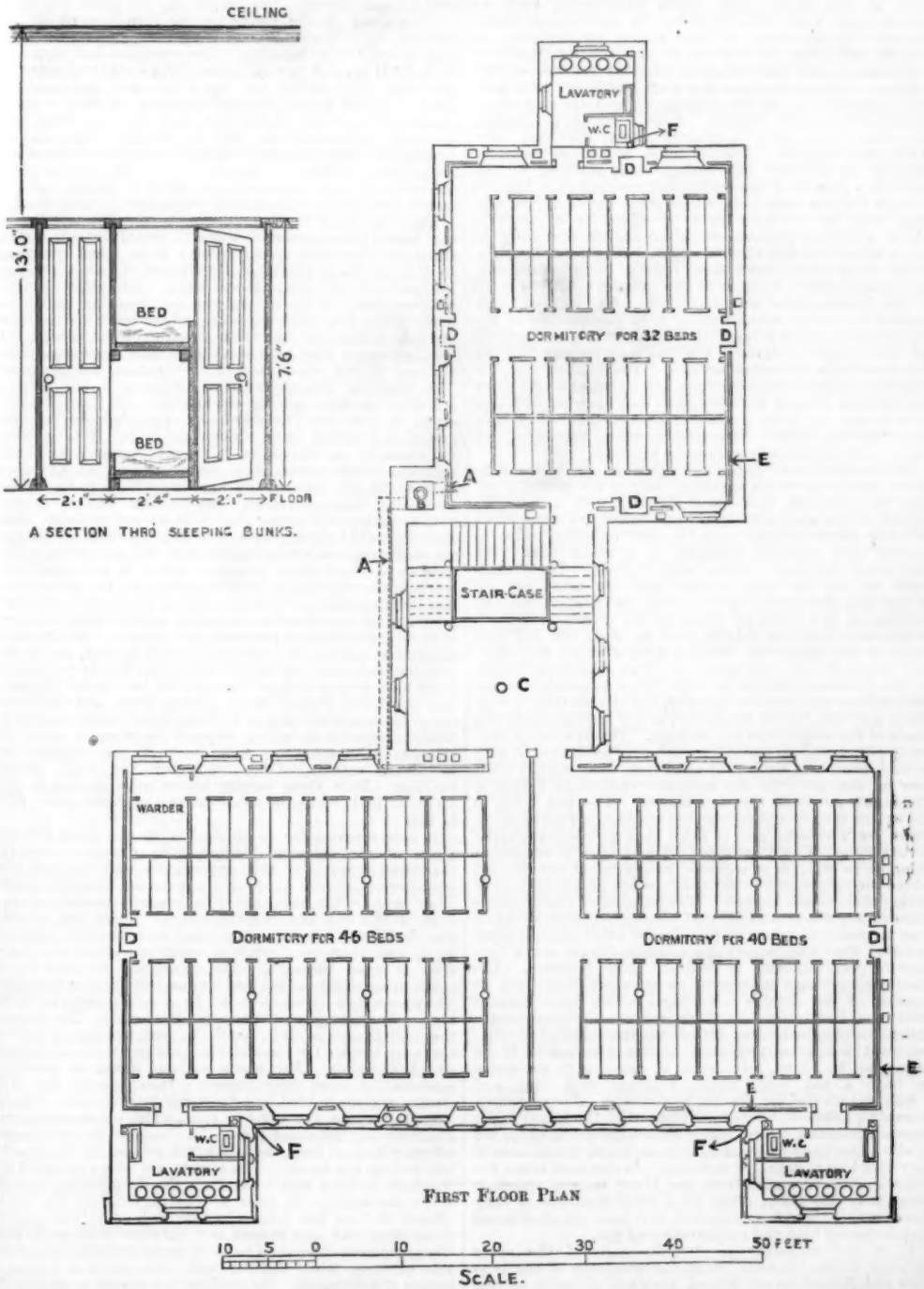
THE GLASGOW CITY IMPROVEMENT TRUST.
No. II.

THE seven common lodging-houses belonging to the trustees acting under the Glasgow City Improvement Act in a great measure resemble each other, though those that have been built more recently, or those that occupy a more advantageous site, are naturally somewhat preferable. The first we visited was the lodging-house in Portugal-street, which was opened in October, 1878; it cost £15,991, and has 308 beds. This is equal to a cost of £51 18*s.* 5*d.* per bed, and the net average annual income on capital for the last five years has been £4 8*s.* 10*d.*, plus 1 per cent. sinking fund. On entering this large building our attention was first attracted by the provision shop. This is an innovation of the utmost importance. Food is not expensive if the purchaser can buy a large quantity at a time. Good tea can be had for 2*s.* a pound, and sugar is cheap enough; but the frequenters of common lodging-houses are often only able to purchase a pennyworth or a halfpennyworth of tea or sugar out of the few pence that constitute their daily earnings. The same thing may be said with regard to butter, bacon, onions, and other similar articles. Consequently, in most large towns, and in the immediate neighbourhood of common lodging-houses, there are a number of small hucksters' shops that make a profitable business by selling minute quantities of such articles as are in general demand. A street beggar succeeds, after a day's endeavours, in getting together a few pence. Fourpence must go to the "doss"-house for the night's lodging, and then perhaps there does not remain another fourpence for the evening's meal. The huckster's shop, which makes a speciality of dealing with such people, will sell a few lumps of sugar and a thimbleful or two of tea for a penny or three-halfpence. A little bread, perhaps a halfpenny's worth of margarine, and a red herring complete the meal. At the lodging-house, in the common kitchen there are a fire, a kettle, and teapots, so that each lodger may cook his own meal. But provisions thus retailed in very small quantities are sold by the hucksters at proportionately exorbitant prices, and are frequently of very inferior quality. Thus a beggar pays for his cup of tea, even though he brew it himself with water from the common lodging-house kettle, perhaps more than the wealthy merchant living in a West-end mansion.

In each common lodging-house, excepting the female lodging-house in Russell-street, there is a store-room or shop where food is sold under control of the trustees. The officials insist, first, that the quality shall be thoroughly sound; and, secondly, that the price shall not be increased because of the smallness of the quantities retailed. Thus the best quality of margarine is sold in very small pats at the rate of 1*s.* the pound. It appears there is hardly any demand for butter. Machine-made bread of superior quality is to be had at 5*d.* the quartern, sugar at 2½*d.* the pound, and tea at 2*s.* the pound. For 1*d.* a quarter of an ounce of good sound tea and an ample supply of sugar, done up in cleanly and neat little parcels, can be obtained. A formidable-looking beef sausage is cut in thin slices and sold at the rate of 6*d.* the pound, while bacon, herrings, and milk are to be procured on equally advantageous terms. The competition of these provision shops has had a wholesome effect upon the hucksters outside. To be able to maintain their trade, these little shops are now obliged to sell provisions of a quality nearly as good and at prices almost as advantageous as those within the lodging-houses.

The traditional common lodging-house kitchen has often been described. It is a room on the ground or basement-floor, where there is a large open coke fire, some rough chairs and benches, a few half-broken pots and pans, and a kettle or two, which the lodgers may borrow to cook what

CLYDE-STREET COMMON LODGING-HOUSE.



A, Dots representing the ventilating shaft opening at the ceiling level of the dormitories. B, Ventilating up-shaft, the round in the centre being the flue of the furnace which is below, and is used for the cooking and the heating apparatus. The heat of this smoke flue causes suction in the ventilating shaft. C, Fire-proof landing, large enough to hold all the inmates of the dormitory. D, Fire-places that also act as ventilators, and where fires might be lighted if the warming apparatus failed to act. E, Air space or "blanquet" to secure warmth and dryness. The inner wall is made with a 4½-inch brick, then the air space is 2½ inches, and the outer wall is 2 feet of stone and brick, and the side wall 18 inches of brick. F, Ventilating tube with gas-burner inside, to draw off air from under the seat of the dry-pail closet

little food they are able to get. Here they sit, talk, smoke, cook, eat, doze while sitting on the benches, or work at some of the many little street handicrafts, such as puzzles made with twisted wires. At the Portugal-street common lodging-house we were shown an immense recreation hall, with a platform at one end for theatrical performances and concerts, and religious services on the Sunday. Draughts, chess, and such games are here provided gratuitously to the lodgers. There are also newspapers and a small library. Here smoking is allowed, and here in a lofty well-aired room the men may take their leisure. Another hall, nearly as large, is devoted to cooking and eating, and smoking is not allowed. Instead of the traditional open coke fire there is a large kitchen range, on which some hundred pots and pans may be stood. Hard by there is a scullery, where muscular females, employed at, we are sorry to say, a somewhat low rate of wages, wash all day long the white china bowls, the plates, knives, forks, saucepans, &c., gratuitously provided to the lodgers. All the walls of the dining-room are furnished with lockers, each bearing a number corresponding with the number of the bed occupied by the lodger. In exchange for a deposit of 6*d*. the lodger receives a key, so that he can lock up his provisions and other articles. The kitchen range is very convenient for making soups and stews, and very often two or three lodgers club together, and, each contributing what he can get, make a common meat pottage, which they share between them. Thus a tasty, warm, nutritious, and yet a very economical meal can be procured.

The dormitories of course are upstairs, and to these no access is allowed in the daytime. But on the ground floor, near the staircase, there is a lavatory with a constant supply of hot and cold water, and there are some small cabinets where lodgers may, in the daytime, retire to change their clothes. Outside in a small back yard we found the day closets and urinals. The former were on the dry-pail system, and we must say we do not like the Scotch system of a row of seats without division or any privacy. Close to the closets is a small washhouse where the lodgers have as much hot and cold water as they desire for washing their clothes; they have only to pay for the soap they use. The clothes are taken to the common kitchen to dry. Rods suspended to the lofty ceiling are let down by cords, the clothes thrown over them, and then hauled up and left to dry high up above the heads of the people who are cooking. This is a rough-and-ready proceeding we cannot approve. The clothes, it may be said, are clean, since they have just been washed; but how far can we trust the amateur washerman lodger to thoroughly purify his rags and tatters. The bed linen, to the extent of sixty and eighty sheets a day, is washed below stairs by servants, and is dried in a properly contrived drying-house. Could not these drying-houses be somewhat enlarged in size, or a separate compartment constructed where the lodgers might put their clothes to dry, instead of taking them to the kitchen? The hanging of damp clothes immediately above the food that is being prepared for meals does not come up to our ideal. On the other hand, it must be noted that the lodgers are a much cleaner set of men than is generally seen in common lodging-houses. The great improvement in respect to personal cleanliness is another of the notable advantages which have accrued from the institution of these common lodging-houses. Strict instructions are given to the caretaker that he must not allow any man in the dormitories if he seems to be dirty. In such a case he is compelled to have a hot bath, which, together with soap and towels, is provided for the modest charge of one penny. Should it, however, be quite evident that the lodger really does not possess a penny, rather than deprive him of his bed or allow him to go to bed in a dirty condition, the carekeeper may give him a bath for nothing. At the same time, the lodger's clothes are examined, and if any trace of vermin is found they are taken down to a place near the drying-house, where there is a fumigator, and here the clothes are disinfected by heat and sulphurous acid gas.

It is not necessary to describe each of the seven common lodging-houses. With the exception of the Drygate and Russell-street houses, they are all built on the same model. At the Hyde Park lodging-house we noticed among the games provided a summer ice board, and that excellent and large Scotch scones were sold at the rate of three a penny. There was here also a sort of brawn, made of bullock's head and feet, sold at 4*d*. a pound. Thus the lodgers could get a quarter of a pound of cooked animal food for one penny. The library at this place was not a success, many of the books having been torn up by the lodgers. The North Woodside-road lodging-house is a magnificent Gothic building. The recreation hall measures 77 ft. by 47 ft., and has handsome lofty Gothic windows on each side. The dining hall has a fine roof and excellent light, but the urinal outside, draining off into a gully placed in the middle of the yard, is a slovenly, dirty contrivance, and should at once be altered. Also at the Greendyke-street common lodging-house, where there are waterclosets instead of the pail system, we noticed some old-fashioned pan-containers, and these of course ought to be removed, and a modern contrivance used in their stead.

The first of all the lodging-houses, the Drygate house, can hardly be considered a model establishment, but it serves at least this good purpose: it is, when compared to the others, a practical illustration of what progress has been accomplished. It was but a small place at first, and was enlarged by adding two neighbouring buildings. There is one long dark day room, where but little daylight can gain access, and far from pleasant odours prevail. A smaller room is used both as a dining and recreation room, whereas in the other establishments these are separate. The place is altogether more dingy and the general structure of the building unsuitable. In East Russell-street is the only lodging-house provided for women, and that contains only ninety-four beds. This is most unfortunate, as there is a great demand for such accommodation among the poorer women of Glasgow. A good 25 per cent. of the applicants have to be turned away for want of room, and it has become a proverbial saying in Glasgow that it is no use applying after nightfall as the place is sure to be full. Most of the lodgers are charwomen or washerwomen, and they get so many perquisites and food given to them that it is not considered worth while stocking a provision shop on the premises of this lodging-house. Here also the closets require improvement; there is a trough closet in the middle of the lavatory with no separation, no provision for privacy. The house is situated in a street of a central crowded district, and by its position and structure is not well suited for the purpose of a common lodging-house. There are 287 beds in the Drygate, and 94 in the Russell-street lodging-house, and therefore out of close on 2000 lodgers 371 have accommodation which, though superior in many respects to what is usual in common lodging-houses, falls short of the standard of excellence established in the other and more recent building. Both these lodging-houses were opened in the spring of 1871, while the others were completed from 1876 to 1879.

It now remains for us to deal with the most difficult phase of the common lodging-house question—namely, the dormitories. For this purpose we will describe the dormitories of the Clyde-street common lodging-house. They contain 324 beds, and this house is considered the best of the common lodging-houses. From the outside the building has an imposing architectural appearance, and there is a sense of roominess about the place that is most pleasant. The stone and fireproof staircases, scrupulously clean, are approached by a wide lobby. The street door is surmounted by a noble archway 16 ft. high. The passages are 11 ft. to 12 ft. wide. The recreation-hall measures 74 ft. by 32 ft., and the dining-hall is also very large. On the staircase landings there are closets and bath-rooms. For night use one closet is provided upstairs for every fifty lodgers. These closets are pail closets, and are lighted by a gasburner inside a tube. A little glass door closes the tube or pipe, which opens out immediately under the closet seat. The heat of the gas draws off the effluvium from the pail, which escapes up the pipe to the roof of the house. The closets are also ventilated by windows, and are well away from the dormitories, though easily accessible. In most of the dormitories the bunk system of beds has been adopted; and, on this subject, a theoretical war has broken out between Edinburgh and Glasgow, so that we shall have to revert at some length to this question when dealing with the common lodging-houses of Edinburgh. By bunk beds is meant a system of wooden partitions which form small cabins. There is just room to enter and undress, sitting on a small stool which is provided. The bed is like a berth in a ship's cabin. There is an upper berth and a lower berth, each

giving on to its own cabin, but walled off from the neighbouring cabin. Thus one lodger sleeps above the other without seeing his neighbour. Though the space allotted to each is not more than 400 cubic feet, complete privacy is secured. The price charged for the bed, and all the many other advantages that the lodging-house affords, is 3½*d.* with one sheet, or 4½*d.* with two sheets. The bedding consists of a sanitary spring mattress, 2ft. 6in. wide. On this is placed a horse-hair mattress and two hair pillows, the sheet or sheets, two full-sized blankets folded in four, and a heavy rug. Seven women are employed all day long making these beds and keeping the place scrupulously clean. The men have to be in bed by eleven o'clock, and must not remain in bed later than half-past eight o'clock. As soon as the dormitories are vacated, all the windows are thrown open, the bedding hung upon the clothes-pegs to be aired, and the mattress folded over. If anything is soiled, it must be reported at once; and the whole place is kept so clean that we failed to find any trace of vermin, notwithstanding the poverty-stricken and low class character of the lodgers. The partitions that contain the bunks are, for the most part, made of pitch pine wood, well polished, and kept clean and bright by wiping with a soapy cloth and then with a dry cloth.

In respect of ventilation, it was decided not to trust to any one system. Thus, as far as possible, windows face each other, so that a through draught can be established and the maximum amount of sunlight secured. In the basement of the building there is a hot-water furnace. Here air is taken from the outside and warmed by passing over large hot-water pipes. But these pipes are never very hot; it is a mild process, so contrived as not to render the air too dry. From this chamber the warmed air is conveyed by shafts to each dormitory and discharged through little gratings that may be noticed on the floor at short distances from each other. This system is generally worked from October to March, after that the gratings are used only as inlets for ordinary fresh air which has not been warmed. For very cold weather this system is supplemented by pipes that go round the external walls of the dormitory at an elevation of about two feet from the floor. Small openings through the wall let the air from the outside impinge on these hot water pipes. The outlet for the vitiated air is secured by means of openings on a level with the ceilings, and these all communicate by tubes or shafts to the great up-shaft immediately above the furnace. Apart from this there are louvre windows above the door opening on to the staircase, which, with a lantern window at the top, form also a ventilating shaft. The staircase is so large that each landing is big enough to hold all the lodgers of the floor and, being made of incombustible material, might serve as a refuge in case of fire. Further, in each room there are large chimney places which are not used, but serve as ventilators. Fires might be lighted in them should the hot water pipes get out of order. Thus it will be seen that great care has been bestowed on the question of ventilation; and, above all, that this ventilation is automatic, continues when every door and window is shut, and is stimulated by the heat of the furnace and the hot water coils. So far as our experience goes, these Glasgow common lodging-houses are pre-eminent for the completeness of the arrangements to secure ventilation of the dormitories during the night and when full of sleepers.

The accompanying plan will give a more graphic idea of the general arrangements. The great number of windows bathing the dormitories with light from all sides will be noted, as also the solidity and careful construction of the walls, with the "air blanket" to prevent sudden changes of temperature and dampness. The exact size and disposition of the bunks are given in another drawing, and show how each lodger has his separate door and cabin, and cannot see his neighbour, though he sleeps either above him or underneath him.

ROYAL METEOROLOGICAL SOCIETY.—At the ordinary meeting of this Society, to be held at 25, Great George-street, Westminster, on the 19th inst., at 7 P.M., the Hon. Ralph Abercromby will offer some "Observations on the Motion of Dust, as illustrative of the Circulation of the Atmosphere, and of the Development of certain Cloud Forms;" Captain D. Wilson-Barker will discourse on "Cloud Nomenclature;" Mr. Eric S. Bruce, on "An Optical Feature of the Lightning Flash."

LONDON UNIVERSITY AND THE PROVINCIAL COLLEGES.

A LARGE and influential deputation, consisting of representatives from the various provincial colleges, was introduced by Mr. Richard Chamberlain, M.P., and received by the Lord President of the Council, Viscount Cranbrook, on Wednesday afternoon.

Dr. PERCIVAL of Firth College, Sheffield, in the course of an address, pointed out that the scheme embodied in the report of the Commissioners, recommending the modification of the University, had been arrived at although half of them were in favour of the view which the deputation there was to represent. Not a single witness from the provinces had been called, notwithstanding the fact that the provinces presented a greater number of pass men and honours men than London—a circumstance which they thought entitled them to consideration in matters connected with the University. Privileges were to be found in the report altogether in favour of London students. The Senate claimed the right to itself of admitting or removing provincial colleges as they thought fit. He thought the present university should be left to go on in its own way, and if necessary a separate teaching university might be established.

Professors TILDEN, GRAY, and SORLEY strongly supported Dr. Percival.

Mr. LAWSON TAIT pointed out how the whole discussion had arisen. He thought it was fortunate that in the interests of the public and the medical profession the first part of the scheme had fallen through, and hoped that the same fate would await the proposed formation of a new teaching university. It was clear that the reconstruction was in a downward direction, and the public would have difficulty in distinguishing between higher and lower university degrees. He believed the whole question of degrees for medical students would be met by giving them facilities to obtain the degree of the Durham University by a remission of the year's residence now necessary to obtain that degree.

The PRESIDENT (Viscount Cranbrook) thought it was curious that in the Commission the three lawyers should be on one side and the three teachers on the other. On the question of the representation of the provincial colleges, he ventured to say that if they were to take the students, who came from all parts of the world, as their guide, the University would become one of the most unwieldy bodies in the country. The time was approaching when he would have to make up his mind to the best of his ability on this matter, and his object would be to give an impulse to those provincial colleges to rise rather than to depress them by any decision to which he might come. The object was to put general education on a high footing; but he would have to remember that the Commissioners were unanimous in their recommendation that there ought to be some teaching university for this vast metropolis.

THE GERMAN HOSPITAL, DALSTON.

THE annual meeting of the governors of the German Hospital was held in Cannon-street Hotel on the 7th inst., Baron von Schröder in the chair. The governors proceeded to appoint Mr. Herman Gülich as interim secretary, Dr. Ernest Groth as hon. physician to the Western Dispensary, and elected Alexander Siemens, Esq., and Dr. Herman Weber, F.R.C.P., to be members of the committee.

The CHAIRMAN, in the course of some remarks, said that the hospital was in a satisfactory condition in every way. This year, in spite of many difficulties, they had succeeded in collecting as large a sum as in previous years.

On the proposal to elect the committee, Sir POLYDORE De Keyser, late Lord Mayor, asked whether it was right to do so before having first discussed the proposed resolution on the matter of the representation of the medical staff on the committee; but the chairman insisted upon re-electing the members of the old committee before considering the resolution, and after some discussion this was agreed to.

Dr. LICHTENBERG then moved the "addition to the committee of two delegates elected annually by the honorary

active medical staff of the hospital and dispensaries from their number, within a fortnight of the holding of the general court, with the privilege of filling up any vacancy that may occur during the current year." He thought that, in furtherance of the utility of the hospital, there should be a proportional representation of the active medical staff on the committee. They would agree with him that the medical officer was the most important factor in the working of any hospital, and it seemed astonishing that up to that time their committee had consisted of eighteen members with not one medical man among them. No doubt the ordinary board was a means of great importance for the interchange of ideas, but that had broken down years ago. A further attempt had been made to bring the members of the committee into closer touch with the medical staff by inviting them to be present once a month at the board of management, composed mostly of members of the committee, and where, in the statements of opinion or in the discussions which ensued, they were left out in the cold. He could not blame some of his colleagues who never attended meetings which he for one considered perfectly useless. He thought the only way of smoothing down all their difficulties was by electing delegates chosen from amongst themselves who had voting powers equal to any of the other members of the committee. If they inquired how matters were managed in other London hospitals, they would find in 63 per cent. of the total number of metropolitan hospitals, in 70 per cent. of the best special and general hospitals, and in 85 per cent. of the special hospitals of the same class, direct representation of the medical staff on the committee. Professor Victor Horsley had assured him that the representation by retired medical officers had failed, and that they were trying in the National Hospital for Epileptics to secure this direct representation of the active medical staff. He submitted that many questions came before the committee involving nursing, food supplies, and the choosing of places for convalescents which could only be dealt with satisfactorily by medical men. It was not their intention to take affairs into their own hands more or less than any other members of the committee, but to assure themselves of being consulted upon the control of affairs, and for that purpose he did not think two delegates would be out of proportion to the other eighteen members whom they had just elected.

Mr. RASCH, who had been connected with the medical staff of the hospital for thirty-three years, in seconding the resolution, spoke of it as a necessary and wise step, which would enable the committee to disarm the criticisms of the medical men.

The CHAIRMAN.—We do not want their criticism.

Mr. RASCH thought that the adoption of this resolution would enable them on many occasions to prevent undue expenditure, as there were matters for consideration in the committee to which the greatest kindness of heart on their part could not enable them to deal with without the aid of professional knowledge and experience.

Mr. JACOB (chairman of the committee) thought the proposal full of mischief and unnecessary, inasmuch as the medical officers had been regularly invited to attend the monthly meetings of the board of management. They had no objection to medical men as such on the board, but these gentlemen were officers under the board, and therefore amenable to the control of the committee. During the past forty-four years the committee had worked harmoniously, and consequently the hospital had risen to its present position; but if these gentlemen succeeded with their agitation, he did not doubt that the hospital would soon have to be closed.

Mr. GÜLICH was of opinion that the hitherto existing satisfactory management had resulted in the great prosperity to which the hospital had attained, and supposed that this agitation would cause a loss of not less than £2000 to the institution. Certain gentlemen wished to take their seats on the committee, and so to become their own judges. If a law of that kind was once introduced, differences of opinion and disputes of all sorts would arise, which might eventually lead to the committee stopping away from the meetings, and the control of the hospital, money affairs included, would thus be left in the hands of the medical officers. He thought it was the duty of the committee to avert such results, and called upon the governors to leave well alone

Mr. Tuchmann and Mr. Jahncke having spoken strongly in favour of the resolution, Mr. HERTZ, a subscriber to the hospital, said he was under the impression that it was managed in such a way as to guarantee prosperity, and to his great disappointment he had not heard anything from the complaining party to show him what evils they would have prevented if they had been on the board or what improvements they would introduce if they were on the board.

Other gentlemen were anxious to speak, but at the request of the meeting the CHAIRMAN said he was quite prepared to put the question to the vote. He himself was perfectly unbiased, did not belong to the committee, and was simply there in the interests of the hospital. He warned them not to change the rule, because if they did discord would ensue. In most companies they did not find the manager or secretary on the board, because they were officers; but as soon as the manager left the concern, after having acted for a number of years, he was then elected to the board. He quite allowed that medical officers not having patients in the hospital might be elected on the committee. They had just elected Dr. Hermann Weber, and if Dr. Lichtenberg were to leave the hospital they quite agreed that he, too, was eligible for acting on the committee. If this resolution were passed, it amounted to nothing less than a vote of censure on the committee, and he begged them before giving their decision to consider the matter carefully at home, and to come again.

On the motion being put to the vote and the show of hands counted, the Chairman announced that 93 had voted for the resolution and 88 against it. When the result had been made known, six or seven of the members of the committee demanded a ballot, which will consequently take place in Cannon-street Hotel on Friday, Feb. 28th, at 2 o'clock P.M.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

On Diphtheria in the Leek Rural District, by Dr. PARSONS.—During the ten years 1879–88 twenty-five deaths from diphtheria and eight from "croup" occurred in this district, with a population in 1881 of 13,760 persons; and of fifteen deaths in 1885 there were nine in the parish of Norton. After this the district seems to have been free until late in 1888, when the disease recurred, and Dr. Parsons discusses the occurrences which have taken place in the several villages and parishes concerned, giving details as to the cases, their history, and the surrounding sanitary circumstances. Speaking generally, the disease has been limited to a small number of households, and amongst the children who were mainly affected it was found to have spread through personal communication. Whilst no history of importation could be traced, most of the sick were exposed to the influence of grave insanitary conditions; and the story told as to isolation shows how little the sanitary authority have recognised their duty in this respect. The only interesting point in connexion with the etiology of the disease relates to the occurrence in some of the outbreaks of a rash resembling scarlet fever, a disease with which Dr. Parsons has reason to believe diphtheria has distinct relations. It is also noted that symptoms of diphtheritic paralysis followed in several of the cases, including one of those in which the red rash had appeared. Some recommendations which follow the report aim at the abatement of the dangerous nuisances which were found in the district, and at the prevention of the spread of infection in the future. In connexion with the latter point the authority are urged to take such action as shall prevent the disability as regards hospital isolation into which they had let themselves drift last year.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

St. Pancras.—In reporting on the health of St. Pancras during 1888 Dr. Sykes states that the death-rate of 19 per 1000 living was the lowest on record. Enteric fever, as shown by a disease chart, clusters round certain definite centres; and the value of thus charting them is to draw attention to those localities where insanitary conditions

have most to be looked for. Diphtheria during the year showed a preference for high ground. It unfortunately shows a decided increase in mortality, and it is locally regarded as having found a suitable habitat in the moisture and other conditions which characterise the crown of high-lying sewers. This tends, in the opinion of Dr. Sykes, to support the view that the disease may be induced by sewer emanations, and he refers in this connexion to the "characteristic sewer-gas sore-throat." A good deal of house-to-house inspection was carried out during the year, and the common lodging-houses and canal boats have been looked after. No caravans or tents were pitched in the parish during the year.

Sheffield.—The population of this borough was estimated during 1888 at 321,907, and owing to the size of the town the number of persons was only 16·3 per acre, but in the Sheffield north district it reached 248·4 per acre. The births were at a low rate—namely, 30·6 per 1000; there having been an almost continual fall since 1873, when the rate was 43·2. Remembering the small-pox epidemic, which alone caused 405 deaths during 1888, it is striking to find that the general death-rate was only 20·5 per 1000, which was the lowest rate, except that for 1886, ever recorded for Sheffield. Indeed, even the zymotic rate, which was as high as 3·6 per 1000, was somewhat less than the average for the preceding ten years. To this epidemic Dr. Theodore Thomson naturally refers, but he does not attempt to enter into it in the exhaustive manner adopted by Dr. Barry, to whose labours he refers in a complimentary manner. The infant deaths, like the zymotic deaths, are high in Sheffield, and, owing to the fatal attacks of small-pox in unvaccinated children, the rate of infant death was in 1888 above the average. The tubercular diseases caused 756 deaths, and this leads Dr. Thomson to enter into some details as to the cause of such affections, and especially of phthisis. An important part of the report is given to the consideration of the very grave nuisance and risk to health involved in the Sheffield arrangements as to privies and excrement disposal, and it is evident that Dr. Thomson leans strongly to the adoption of some simple form of water-carriage disposal for excreta. An account is given of the sanitary work of the year and of the progress made; and in view of the almost complete failure of a system of voluntary notification of infectious diseases, it appears that, in common with nearly all the large towns and cities, the compulsory system has now been adopted in Sheffield.

Salford.—The annual report for 1888 on the sanitary state and health of Salford brings to a termination the able set of reports which Dr. Tatham has for so many years submitted to the Corporation of that borough. Like its predecessors, it discusses in detail the principal circumstances affecting the health of Salford, and it refers once again to the salient influences for evil that exist, such as the faulty system of excrement and refuse disposal, the need for more comprehensive action under the Artisans and Labourers' Dwellings Acts, the unsatisfactory condition of the sewerage, and of the Irwell River. A small-pox outbreak took place during the year, and it is referred to in connexion with the influence of vaccination on the incidence of the disease. Of 52 reported cases, 8 died, the mortality being "as usual" confined to unvaccinated persons. Diphtheria shows a tendency to increase; enteric fever was more prevalent than during any year since compulsory notification has been in force, and there were 31 cases of typhus. These are indications tending to show that, though much has been done for Salford, much remains to be done; and we feel certain that the Corporation will be right if they continue to work on the lines indicated by their former medical officer of health. The general death-rate was 23 per 1000. This is much the same as the mean rate during the past five years, but it is distinctly less than in previous quinquennial periods.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5999 births and 4292 deaths were registered during the week ending Feb. 8th. The annual rate of mortality in these towns, which had declined in the preceding four weeks from 28·1 to 22·8 per 1000, rose again last week to 23·0. During the first six weeks of the current quarter the death-rate in the twenty-eight towns averaged 25·1 per 1000 (it was 26·9 in London and 23·9 in the twenty-seven provincial towns), and was 1·5 above the mean rate in the corresponding periods of the ten years 1880–89. The lowest rates in these towns last week were 16·6 in Leicester and Derby, and 19·4 in Nottingham and in Birkenhead. The rates in the other towns ranged upwards to 29·1 in Newcastle-upon-Tyne, 29·9 in Portsmouth, 30·4 in Manchester, 30·6 in Norwich, and 34·8 in Bristol. The deaths referred to the principal zymotic diseases, which had declined in the preceding five weeks from 423 to 328, rose again last week to 345; they included 168 from whooping-cough, 51 from scarlet fever, 42 from diphtheria, 41 from measles, 24 from "fever" (principally enteric), 19 from diarrhœa, and not one from small-pox. No death from any of these zymotic diseases was recorded during the week in Derby, Huddersfield, or Halifax; whereas they caused the highest death-rates in Bolton and Bristol. The greatest mortality from whooping-cough occurred in Oldham, Plymouth, Liverpool, Brighton, Bolton, and Bristol; measles in Liverpool; and "fever" in Sunderland. The death-rate from scarlet fever showed no marked excess in any of these great towns. The 42 deaths from diphtheria in the twenty-eight towns included 24 in London, 5 in Salford, 4 in Manchester, 2 in Liverpool, 2 in Bolton, and 2 in Portsmouth. No death from small-pox was registered in any of the twenty-eight great towns. Three cases of this disease were under treatment on Saturday last in the Metropolitan Asylum Hospitals, and not 1 in the Highgate Small-pox Hospital. The number of scarlet fever patients in the Metropolitan Asylum and London Fever Hospitals further fell last week to 1297, from numbers declining in the preceding five weeks from 1609 to 1342; 75 cases were admitted to these hospitals during the week, against 91 and 99 in the preceding two weeks. The deaths referred to diseases of the respiratory organs, which had declined in the previous four weeks from 1069 to 550, further declined last week to 485, and were 100 below the corrected average. The causes of 97, or 2·3 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Hull, Portsmouth, Blackburn, and Bolton, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Sheffield, Halifax, Salford, and Brighton.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined in the preceding four weeks from 29·0 to 25·5, further fell to 25·0 in the week ending Feb. 8th; this rate exceeded by 2·0 that which prevailed during the same week in the twenty-eight English towns. The rates in the eight Scotch towns ranged from 18·5 and 21·0 in Leith and Greenock to 28·7 in Paisley and 32·8 in Perth. The 646 deaths in the eight towns showed a further decline of 15 from the numbers in recent weeks, and included 29 which were referred to whooping-cough, 24 to measles, 13 to scarlet fever, 8 to "fever" (typhus, enteric, or ill-defined), 7 to diphtheria, 4 to diarrhœa, and not one to small-pox. In all, 85 deaths resulted from these principal zymotic diseases, against 90 in each of the preceding two weeks. These 85 deaths were equal to an annual rate of 3·5 per 1000, which exceeded by 1·6 the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 30, 21, and 26 in the previous three weeks, again rose last week to 29, of which 17 occurred in Glasgow, 3 in Edinburgh, 3 in Dundee, and 3 in Greenock. The 24 deaths from measles showed an increase of 6 upon the number in the previous week, and included 16 in Edinburgh and 6 in Glasgow. The 13 fatal cases of scarlet fever corresponded with the number in the previous week, 7 being returned in Leith, 3 in Edinburgh, and 2 in Glasgow. The deaths referred to "fever," which had been 2, 6, and 9 in the previous three weeks, were 8 last week, of which 5 occurred in Glasgow. The 7 deaths from diphtheria showed a decline of 5 from the number in the previous week, and included 3 in Edinburgh, 2 in Glasgow, and 2 in Dundee. The highest death-rates from the principal zymotic diseases last week were 5·2 in Edinburgh and 5·3 in Leith. The deaths referred to diseases of the respiratory organs in the eight towns, which had been 181 and 187 in the preceding two weeks, declined last week to 162, and exceeded by 32 the number returned in the corresponding week of last year. The causes of 79, or more than 12 per cent., of the deaths registered in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 48·8 and 43·5 per 1000 in the preceding two weeks, further declined to 33·4 in the week ending Feb. 8th. During the first six weeks of the current quarter the death-rate in the city averaged 42·1 per 1000, the mean rate during the same period being 26·9 in London and 28·0 in Edinburgh. The 226 deaths in Dublin last week showed a further decline of 68 from the high numbers in the previous two weeks; they included 6 which were referred to "fever," 4 to whooping-cough, 2 to measles, and not one either to small-pox, scarlet fever, diphtheria, or diarrhœa. Thus the deaths from these principal zymotic diseases, which had been 24 and 20 in the preceding two weeks, further declined last week to 12; they were equal to an annual rate of 1·8 per 1000, the rate from the same diseases being 1·8 in London and 5·2 in Edinburgh. The deaths referred to "fever" (typhus, enteric, or ill-defined), which had been 8 and 5 in the preceding two weeks, rose again last week to 6; the fatal cases of whooping-cough, on the other hand, declined from 10 and 9 to 4. The deaths referred to influenza, which had been 13, 8, and 6 in the previous three weeks, rose again to 7 last week. Two inquest cases and 4 deaths from violence were registered; and 62, or considerably more than a quarter, of the deaths occurred in public institutions. The causes of 24, or more than 10 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL RESERVE OF OFFICERS.—Surgeon-Major Arthur Hallam resigns his commission (dated Feb. 12th, 1890); Surgeon Frederick Knollys Pigott, 1st Volunteer Battalion, the King's (Shropshire Light Infantry), to be Surgeon, ranking as Captain (dated Feb. 12th, 1890).

MILITIA MEDICAL STAFF.—Surgeon-Major R. P. Walsh, 3rd Battalion, the Royal Inniskilling Fusiliers, resigns his commission; also is permitted to retain his rank, and to wear the prescribed uniform on his retirement (dated Feb. 8th, 1890).

ADMIRALTY.—The following appointments have been made:—Surgeons John L. Barrington and Oswald M. Jones to the *Warspite*, and Surgeon Herbert Canton to the Royal Marine Light Infantry, Portsmouth (all dated Feb. 14th, 1890); Surgeon John H. Thomas to the *Grasshopper* (dated Feb. 27th, 1890); Fleet Surgeon Robert Hay, M.D., to the *Warspite* (dated Feb. 14th, 1890); and Staff Surgeon Thos. E. H. Williams to Haslar Hospital, temporary (dated Feb. 14th, 1890).

VOLUNTEER CORPS.—*Artillery:* 1st Kent (Eastern Division, Royal Artillery): Surgeon C. Arrol, M.D., is granted the rank of Surgeon-Major, ranking as Major (dated Feb. 8th, 1890).—*Rifle:* 2nd Volunteer Battalion, the Prince Albert (Somersetshire Light Infantry): Surgeon-Major (ranking as Lieutenant-Colonel) W. L. Winterbotham, M.B., resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the Battalion on his retirement (dated Feb. 8th, 1890).—1st (Brecknockshire) Volunteer Battalion, the South Wales Borderers: Acting Surgeon H. Bennett resigns his appointment (dated Feb. 8th, 1890).—5th (Isle of Wight, Princess Beatrice's) Volunteer Battalion, the Hampshire Regiment: John Cowper, Gent., to be Acting Surgeon (dated Feb. 8th, 1890).—2nd (Renfrewshire) Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders): Second Lieutenant R. A. McLaurin to be Lieutenant; Archibald Donald, Gent., to be Acting Surgeon (both dated Feb. 8th, 1890).—*Infantry:* South of Scotland Brigade: Surgeon P. Kynoch, 1st Roxburgh (Border) Mounted Rifle Volunteer Corps, to be Brigade Surgeon, ranking as Lieutenant-Colonel (dated Feb. 8th, 1890).—Severn Brigade: Surgeon and Surgeon-Major J. L. W. Ward, 3rd (Glamorgan) Volunteer Battalion, the Welsh Regiment, to be Brigade Surgeon, ranking as Lieutenant-Colonel (dated Feb. 8th, 1890).

GUEST HOSPITAL, DUDLEY.—Lord Dudley formally opened on Saturday an infectious hospital erected in connexion with the Guest Hospital, which was presented to the town by the late earl twenty years ago. His lordship gave £200 on the occasion, the amount of a debt he had ascertained there was due upon the building.

Correspondence.

"Audi alteram partem."

A NOTE ON THE THIRD LETTSOMIAN LECTURE BY MR. E. OWEN.

To the Editors of THE LANCET.

SIRS,—I feel sure that Mr. E. Owen will regret having, no doubt unintentionally, but very seriously misrepresented me, in some extended and somewhat caustic remarks regarding a proposal which I made about two years ago for the consideration of my brethren as to the weight of calculus which should be held to constitute "a stone in the bladder." I am willing to suppose that his mistake has occurred from reading too hastily one of the articles quoted by him—that in the *British Medical Journal* of Feb. 18th, 1888, the first of a brief controversial series, where the subject was opened. Yet nothing can be clearer than the following terms laid down in that article: "I venture to think that most of my brethren will agree with me that twenty grains is the very lowest weight *in the adult*, the removal of which should be esteemed an operation for stone in the bladder."

It certainly never occurred to me, nor had I supposed it would occur to anyone else, to make any such proposal respecting "stone" in the child's bladder. It was with no little reluctance that I raised the question "What is a stone in the bladder?" but I felt compelled to do so because a series of cases so described had just been published in the journal named, in one of which "the stone" consisted of a little concretion weighing two grains, and in another of three grains, removed from the bladder of *two adult cases* of twenty-four years and sixty-five years respectively. I further added that in this series of "operations for stone in the bladder" the "total weight of the calculi in eight *adult* cases amounts to no more than thirty-seven grains, an average of about four grains each." In that same paper were several children's cases, but these, as being no part of the matter in controversy, I did not notice.[1] Thinking it desirable to continue the old custom of regarding these little products in the adult as examples of "gravel, and also to adopt some limit in regard of weight to denote a "stone" in the adult, I attempted, without any desire to dogmatise, to elicit professional opinion thereon, adding that my own practice in such cases had been uniformly guided by the twenty-grain limit suggested.

It will now be seen that Mr. Owen's criticisms, based on the assumption that my proposal applied to cases of children, have no bearing whatever on anything I have said or written, and are therefore wholly irrelevant. Allow me to disclaim all desire to revive any past controversy, always to me most distasteful, but it is impossible not to correct a misapprehension of my views so remarkable, and, unfortunately, so widely made public, although forming part of an otherwise interesting communication.

I am, Sirs, yours faithfully,
HENRY THOMPSON, F.R.C.S.

Wimpole-street, Feb. 10th, 1890

RELATIVE SAFETY OF ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—The publication of the report of the Second Hyderabad Chloroform Commission and Dr. Lauder Brunton's explanatory remarks given to the Medical Society afford very many points for careful study. It is unnecessary for me to dwell upon the debt we owe to Surgeon-Major Lawrie, to the public-spirited Nizam of Hyderabad, or to Dr. Brunton and the other members of the Commission. Dr. Brunton's work has always been so good, so thorough, and so earnest that I believe all who are interested in this

[1] I crushed a stone for a girl in the Marylebone Infirmary in 1854, reported in THE LANCET Oct. 21st, 1854, and calculi in male children in University College Hospital in 1860 and 1864, all at one sitting, weighing much under twenty grains, which, of course, appear in the printed catalogue of my collection under the head of "Children's Cases of Stone in the Bladder." At a very early period I advised lithotrity for children whenever it could be done at one sitting (see "Practical Lithotomy and Lithotrity," first edition. Churchill, 1863, pp. 207, 209-211, with records of the practice in Paris). Among a few illustrative cases, given in the Appendix, two are those of children. These facts are named not only because they bear on the question in hand, but also on subsequent remarks by the lecturer on "Lithotrity in Children," which almost imply that the practice is a new one, whereas it is only new in relation to large stones.

most important question—Can chloroform be given safely, if given properly?—looked forward with the utmost interest to the feast of reason which he, alike with the other members of the Commission, was to place before us. Now that we have got it, are we happy? Dispassionate candour compels me to reply that I at least have been carried no farther, although, setting main issues aside, I would add no one can read the suggestive report without gleaning much that is valuable and much that is instructive. Of the many points involved I can crave your indulgence for reference only to a few. In the first place, I find no attempt is made to bridge over the great hiatus betwixt experiment upon the lower animals and the daily experiments made on man. Possibly this is to come. Again, I am disappointed to learn no authoritative statement as to whether dogs, monkeys, &c., are liable to syncope under any conditions; personally, I believe if they are so the occurrence must be most rare. Comparing the statements concerning the lower animals with one's own experience among human beings, a wide discrepancy occurs; for every grade of heart weakness finds a record in the note-book of every observant anæsthetist, provided his hospital experience is large; nor can the bulk of such cases be attributed either to primary failure of respiration or careless administration. No doubt maladministration may account for some deaths under chloroform, but not all, since such fatalities have occurred under the skilled hands of men whose knowledge and experience were great and whose reputation was at stake. Again, we have long acknowledged the danger of death from asphyxia occurring during chloroformisation, and Snow pointed out long ago how over-dosage would, by paralysing the medullary centres, bring about death; but our experience—and it must be conceded that a daily round of experiment and observation made upon human beings and conducted through many years gives practical anæsthetists a right to a moderately authoritative judgment in the matter—repeated again and again, tells us that in a certain number of persons the pulse flags, loses tension, and fails, even though respiration remains unimpaired until with cardiac failure respiratory rhythm ceases. That deaths occur in the initial stage of chloroform inhalation is commonly reported; but if it be contended that such arise from fear, as in the oft-quoted case of Simpson, confusion becomes worse confounded, for patients exposed to the same terrors from nitrous oxide gas, which has been administered many millions of times, and from ether, do not die in the same way; so that we are forced to believe chloroform, however it does it, does kill in a way peculiar to itself, which no forethought can anticipate and no care or skill can obviate. Again, we must remember that temperature has much to say to shock and heart failure, and it may not be irrelevant to suggest that the Tropics in this way may contrast favourably with temperate zones. Dealing with the comparative safety of chloroform and ether, I think we may be pardoned if we decline to accept as proven the conclusions arrived at by the Hyderabad Commission. In the first place Dr. Brunton told us that his ether was impure; secondly, that in the climate of India it is impossible to obtain anæsthesia by ether and maintain it, unless air be so rigidly excluded that suffocation occurs. Under such circumstances, ether is no doubt a deadly anæsthetic. In temperate countries ether is not given in this way, and no asphyxial phenomena are present. To describe ether narcosis as semi-anæsthesia is to prove that the modern methods of giving ether are unknown to the writers, and to invalidate their strictures upon that safe and most valuable anæsthetic. In conclusion, I would add that the experiment undertaken by the Commission to elucidate shock under anæsthesia is again totally opposed to our clinical experience. Were the conclusions advanced to be accepted by us, we should find it hard to explain the fluctuations in the pulse, the differences in respiratory rhythm which occur in laparotomies when the intestines are handled, the pedicle of an ovarian cyst is dragged upon, or a bladder is seized and held while punctured in suprapubic cystotomy. The division into "chloroformists" and "etherists" is irrational and harmful; every anæsthetist learns sooner or later that every case is *sui generis* and a law to itself, and for each must he decide between not only chloroform and ether but between them and the many other methods of mixed narcosis with which we are now familiar. Without fear or dread must he be prepared to give one or the other anæsthetic, but he must be keenly alive to *all* the possible contingencies of each, and not live in a fool's paradise that if he only obeys certain rules and directions he and his patient are safe and he may administer his anæsthetic "with perfect ease and absolute safety so as to do good without the risk of evil."

I am, Sirs, yours, faithfully,

Mortimer-street, W., Feb. 1890. DUDLEY W. BUXTON, Anæsthetist to University College Hospital.

To the Editors of THE LANCET.

SIRS,—This being a most important subject, I feel morally called on, as one who has had nearly fifty years experience in practice, to express my dissent from two at least of the conclusions arrived at by the Chloroform Commission. I may premise that I used ether first with satisfaction till chloroform appeared, and saw it extensively employed in 1848 on the wounded from the various engagements on the advance of the Prussian troops to the relief of Radstadt and the restoration of the Grand Duke of Baden. So that I was the first English doctor (and from Scotland too) who saw chloroform used in gunshot wounds. With regard to the second conclusion—namely, the necessity of recumbent position in inhaling chloroform,—I beg to state that two of my most satisfactory operations were performed many years ago under chloroform in the sitting position. One was a gunshot wound of the right hand, which so smashed all the metacarpal bones that it was only possible to preserve the thumb and forefinger. The gentleman is in London at present, and could exhibit the *claw*, as he terms it, with which he writes and shoots as of old. I saw him soon after the accident, and with the assistance of a butler placed him in an armchair, chloroformed him, and performed the operation. The second was a case of incarcerated inguinal hernia of the left side. I fixed the patient in a chair with the counterpane of his bed and gave him the chloroform, while I sat on a chair facing him close to the window with my back to the light. The cure was rapid and perfect, and the patient required no truss. He was well in four weeks or less. I give you these two cases in respect to position. A large percentage of people respire more freely in that position than in the recumbent one; and although I do not think the heart's action is to be neglected, yet even for its benefit the respiration is the key. My experience of pure alcoholic chloroform, administered by an expert, is that it is the most manageable, safe, and effective of anæsthetics, although I quite agree with Sir Spencer Wells, that, provided the administrator is an expert in his own choice, any of at least three will answer equally well. The next material point is as to administering morphia, either hypodermically or otherwise, before chloroform. A dose of morphia often appears harmless, and obtains a good response. I have extracted a pebble from the hip, the patient resting on his face in bed, and succeeded well enough, though, as might be anticipated, I had to restore respiration in the middle of the operation by pressure of the ribs at an open window. I have administered sufficient chloroform several times to keep the patient asleep for about twenty-four hours right off, and without accident.

P.S.—Since writing the above I notice that one of your correspondents mentions two important points in last week's issue, one of which is the advantage of placing the head on one side during the inhalation of the drug, to allow the saliva to flow out of the corner of the mouth. It also almost prevents the falling back of the tongue over the epiglottis. This arrangement I have frequently alluded to and acted upon with satisfactory results.—I remain, Sirs, yours faithfully,

JOHN SHAND, M.D., F.R.C.P.Ed.

Edinburgh, January, 1890.

To the Editors of THE LANCET.

SIRS,—The following notes of a case in one's experience of the use of chloroform may be of interest at the present time. J. G——, aged fifty-nine, army pensioner; has seen a good deal of foreign service; had malaria. Operation by colleague: avulsion of the right great toe-nail. Patient had been low-spirited for some time. Bowels regular. Had no food for four hours previously to operation. Chloroform administered by myself on an ordinary soft bedroom towel, folded cone fashion, after the heart had been examined as a matter of form and found normal. The head was kept low. It was a considerable time before the anæsthetic took any visible effect, and the patient was very quiet both in speech and movement and

took deep breaths freely. Somewhat marked congestion of the external jugular and temporal veins was noted. Three times the operator tested the seat of operation after the conjunctival reflex appeared abolished and muscular relaxation present, but found sensibility to pain still retained. The fourth time, however, there was no response, and the operation was proceeded with. In the course of five minutes or so, when the toe was being sponged, while the pulse remained steady, though a trifle rapid, the breathing became quicker and somewhat shallow. The administration of chloroform was at once stopped and the cloth put away to a safe distance. The breathing, however, became increasingly shallow and soon stopped entirely. In the meantime the lips and face generally had become distressingly livid and the pupils widely dilated. The pulse, however, kept going, though its character or frequency cannot be reliably noted, from the fact that artificial respiration was at once resorted to. Silvester's method was employed, the tongue being drawn forwards with forceps by my colleague. The windows of the room were widely opened to admit air freely. After about two minutes of this treatment the artificial respiration was stopped, to see if auto-respiration would be re-established, but still no breathing. There was no time to examine the characters of the heart or pulse. Cold water was next dashed in abundance over the chest and throat, and this undoubtedly effected the turning-point in the case, as, after a few more passes of the Silvester method, auto-respiration returned—at first very shallow, but rapidly improving. The recovery seemed accelerated by the application of flannels wrung out of boiling water to the præcordia. The patient was next got comfortably into bed with hot-water bottles to feet and flanks, and brandy and ether were administered. He recovered without any apparent ill-effects, and next day, when told of our anxiety as to his welfare on the previous day, stated that it was the seventh time in his varied experiences he had narrowly escaped with his life. This case, amongst other things, impresses on one:—(1) The necessity of watching with special care those cases where anæsthesia is difficult to establish. (2) The importance of noting the character and frequency of the respiration. (3) The fact that chloroform paralyses the respiratory before the cardiac centre. (4) The value in these cases of Silvester's method of artificial respiration. (5) The great value of cold-water affusion in recovering auto-respiration. (6) The moral duty of being thoroughly well acquainted with the treatment of emergencies incident to chloroform administration.

I am, Sirs, yours very truly,

Bristol, February, 1890. EWEN J. MACLEAN, M.B.

THE GLASGOW CHLOROFORM COMMITTEE AND THE HYDERABAD REPORT.

To the Editors of THE LANCET.

SIRS,—The Hyderabad Report, which appeared in THE LANCET of Jan. 18th, naturally attracted our attention and called for remark, especially as it seemed to traverse certain of our conclusions. On carefully reading the report, it appeared to us that, so far as the facts are concerned, it generally confirmed our own observations as to the action of chloroform both on respiration and on the heart. Some of the inferences, however, are opposed to ours; but they are also opposed, as we believe, to the facts stated in the report itself. We therefore propose to criticise the report, and we would have done so immediately after its publication but for a request communicated to us that we should wait for the publication of the tracings on which the report is largely based. We at once agreed to postpone our remarks, and only make this communication lest our silence should be misinterpreted.

We are, Sirs, yours faithfully,

JOHN G. MCKENDRICK.
JOSEPH COATS.

Feb. 12th. DAVID NEWMAN.

THE PROPOSALS FOR RECONSTITUTING THE UNIVERSITY OF LONDON.

To the Editors of THE LANCET.

SIRS,—I beg to be permitted once again to urge that it is far better that a second university should be established in the metropolis than that the existing University should so alter its constitution and methods as to supply the admitted need. No doubt those who are at once graduates of the University of London and Members of the Royal Colleges will duly consider the situation, in respect of their obligations to all these institutions, into which the report of the Royal Commissioners and the action of the Senate of the University places them; but it is also right that we should make our position clear to all our medical brethren. It is surely somewhat unfair that some of us should be dubbed illiberal and obstructive because we oppose what we consider to be the complete destruction rather than the reform of our University, whilst we admit the legitimate grievance of the medical students of London, and are anxious to provide a means for giving them on equitable terms, and by examinations not more stringent than those of the Scotch Universities, the M.D. degree. Nor is it just to say that in making our protest we place our judgment in presumptuous antagonism to that of the men of great ability and undoubted authority who constituted the Royal Commission. It should be remembered that three of the members—Sir W. Thomson, Prof. Stokes, and Mr. Welldon—in the Report state that they "doubt the possibility of effectually combining the functions of a teaching as well as examining university in the University of London." I am hardly open to blame if I express entire acquiescence with this view; still less if I agree so far with the general conclusion of the Royal Commission that, as a matter of wisdom and of policy, the test question of the practicability of the adaptation of the University of London to the admitted want should be first submitted to the University itself. Let me briefly state what I consider to be the probable consequences of the carrying out of the proposals indicated by the Royal Commission, and formulated for consideration by the Senate of the University of London.

1. *Consequences in regard to the University itself.*—Either the medical faculty must be different from, and inferior to, all the other faculties, or else a corresponding change must involve these others, and a general levelling down take place. In the one case there must be a long-continued disturbance of the harmony of the faculties and the frequent cropping up of questions difficult to decide; in the other, the University entirely abrogates its present position, and all its degrees cease to have any special value. Further, there is the danger of its becoming unwieldy. After the lapse of some years it may want the space of Olympia for its examinations and the Agricultural Hall for the meetings of Convocation. It is impossible, I think, to come to any other conclusion than that if the proposals are carried out a University which has admittedly done much to raise the tone of general and of medical education will be destroyed, and that in the heyday of its prosperity, when the best men from all parts of the Empire and the Colonies come in ever-increasing numbers to its tests, and a new University, with no special characters to raise it above those already existing, will be instituted in its stead.

2. *Effect on the Medical Corporations.*—It seems to me unreasonable to come to any other conclusion than that, if a degree of M.D. be offered to students on terms as easy as those of the Scotch Universities, candidates will flock to the institution which makes such offer, with the result that the two Royal Colleges will practically cease to be examining bodies. It is scarcely probable that they will care to continue the preliminary examinations—permitted by the scheme—whilst bereft of their power of conducting the final examinations in medicine, surgery, and obstetrics. The scheme promulgated by King's and University Colleges required that every candidate for the diploma should first present the certificate of having passed the examinations of the two Colleges. In such case the existing machinery would be preserved.

The alternatives are now before us:—The destruction of the present University of London and the establishment of a new one in its place; or the retention of the present University (with its existing standards of examination, but the abolition of its vexatious restrictions) and the establishment of a new University in London, associated with teaching institutions, in union with the two Royal Colleges, and giving a degree on no more severe terms than those required by the Scotch Universities.

As the existing University draws many candidates from the other Universities, it is not likely that it would suffer much by the establishment of one more, and it should be the aim of all teachers to induce the young to work for its matriculation and its degree examinations. Experience shows that its tests are too severe for some who nevertheless pass examinations qualifying to practise. As to the argument that there is not room for a second University in

London, that may be considered in relation with the following statistics, briefly put:—London: Population, four millions; University, one. Scotland: Population, less than four millions; Universities, four. Ireland: Population, five millions and a quarter; Universities, three.

In conclusion, let me say that those who agree with the views I have here expressed should not be content with a mere protest against the proposals of the Senate of the University of London, but should practically join in the construction of an alternative scheme.

I am, Sirs, yours obediently,

Harley-street, W., Feb. 10th, 1890. A. ERNEST SANSOM.

PERNICIOUS ANÆMIA.

To the Editors of THE LANCET.

SIRS,—In Dr. Mott's interesting contribution on pernicious anæmia in THE LANCET for Feb. 8th, he mentions the fact that the urine always contained a large amount of pigment, although the specific gravity was unusually low, and further that the pigment apparently consisted of normal and not of pathological urobilin, thus differing from Dr. Hunter, who has described pathological urobilin as the pigment which is present in excessive amount.

I recently had the opportunity of examining the urine from a case which was under the care of Dr. Bristowe—a woman who came into St. Thomas's Hospital in an almost moribund condition, with typical symptoms of pernicious anæmia—viz, extreme dyspnœa and debility, without noticeable emaciation, pale lemon-coloured skin, retinal hæmorrhages, and excessive diminution in the number of the red blood-corpuscles. The patient died on the third day after admission, so that there was no opportunity for extended observations, but during the time that she was in the ward her urine was fairly deeply coloured and of specific gravity 1012. Spectroscopic examination showed the presence of a considerable quantity of normal urobilin, while no trace of pathological urobilin could be detected. This fact appears to be of interest as confirming the results obtained by Dr. Mott, and it will be an important point to determine in the future whether it is normal or pathological urobilin to which the colour of urine in this disease is usually due. It is of course possible that in Dr. Hunter's case there may have been some reason for the appearance of pathological urobilin other than the excessive hæmolysis due to the pernicious anæmia, which seems to account for the appearance of the increased quantity of normal urobilin.

I am, Sirs, yours faithfully,

S. MONCKTON COPEMAN.

Physiological Laboratory, St. Thomas's Hospital, Feb. 10th, 1890.

*** Dr. Mott writes to express his regret that in his article on Pernicious Anæmia he did not credit Dr. Copeman with having discovered, independently of Mr. Bond, the fact that the administration of arsenic prevented hæmoglobin crystals forming in specimens of blood obtained from cases of pernicious anæmia, thus explaining the use of this drug in arresting the hæmolytic process characteristic of the disease.—ED. L.

THE MECHANISM OF SUSPENSION.

To the Editors of THE LANCET.

SIRS,—Allow me to supply a few words in answer to your very fair criticism of my paper. I expressed the opinion that the relaxation of the spinal cord induced by suspension might affect a sclerosis mechanically in two ways:—First, by the breaking down of adhesions, and consequently of sclerotic patches; second, by establishing a freer circulation in the degenerated areas. These explanations, you observe, were altogether hypothetical. From the nature of things, I believe the first is not susceptible of direct proof, and cannot, therefore, be advanced beyond the state of a hypothesis. It seemed to derive its probability from the anatomical considerations adduced, and its significance from the fact that it is the very process postulated by others, but referred in this case to a real and effective, in the other to an impossible and inefficient, cause. As for the second proposition, it can be submitted to a very obvious test—*solvitur ambulando*. I have made some experiments bearing upon this point. I suspended the cadaver in the ordinary way, and having taken the anterior and posterior measurements of the vertebral column, I injected the arteries from the aorta and the larger vessels which supply the spinal cord. I then removed the latter, and obtained microscopical specimens, after hardening in alcohol and chromic acid. A comparison of these with other specimens of the injected cord display certain differences. I am loth to base any conclusions upon the result, because the observations were made under difficulties, and the injection was probably incomplete. The subjects were bodies upon which post-mortems had been performed. The vessels were, therefore, injured, many had to be dissected out and tied, and certain areas were hardly accessible. With better facilities, I submit it will be possible to establish definitely the existence or the absence of any changes due to posture. When this is done there will remain the question of vaso-motor effects, such as may be referred with more or less probability to tension on the splanchnics.

I am, Sirs, yours faithfully,

Welbeck-street, W., Feb. 2nd, 1890. JAMES CAGNEY.

MEDICAL QUALIFICATIONS AND HOSPITAL APPOINTMENTS.

To the Editors of THE LANCET.

SIRS,—With reference to the leading article on this subject in THE LANCET of Feb. 1st, which does not fully or fairly represent the position I have taken up relative to the Derbyshire General Infirmary, you will I am sure, in justice to myself and in common fairness to the cause I am advocating, permit me to make an explanation. My proposals aim at the abolition of a monopoly in favour of the lower qualifications of the London Colleges (or what THE LANCET of Dec. 21st, at page 1296, in an editorial headed "Hospital Monopolies for certain Qualifications," calls the ordinary English qualifications) to the exclusion of what are generally considered by competent authorities as the equivalent or corresponding lower qualifications of the Irish and Scotch Colleges, which are deemed ineligible according to the present rules of the Derbyshire Infirmary.

Professor G. M. Humphry of Cambridge, who will readily be acknowledged as one of the most competent authorities on this question, has given it as his opinion that it does not appear right to make distinctions between the lower qualifications of the several bodies, and that if one is admitted by the governors of the Derbyshire Infirmary all should be; the examinations of all have been inspected under Act of Parliament by the Medical Council, and there does not seem to be sufficient reason for the exclusion of any. This I consider valuable testimony in favour of my contention. Professor Humphry's opinions, written on Dec. 27th last, on this vexed question of medical qualifications, are worth printing *in extenso*. My proposals are also calculated to raise rather than lower the standard of qualification, for they include University degrees, Bachelors of Medicine of Edinburgh and other Universities, as well as University degrees in surgery, all of which are excluded from eligibility by the present rules; and these proposals render it obligatory on all candidates to be doubly qualified in medicine and surgery in accordance with the Medical Act, and consistent with the spirit of the age, whereas the present rules have admitted, and still admit, the eligibility of a single lower qualification in surgery without any qualification in medicine. Can it be contended that these University degrees in medicine and surgery of England, Ireland, and Scotland are inferior to the lower qualifications of the London Colleges?

I send you a copy of the existing medical rules of the Derbyshire Infirmary, which can be compared with my proposed rules as printed at page 202 in THE LANCET of Jan. 25th.

At the Derbyshire Infirmary it is not a question of higher qualifications, but the retention of the present standard of lower qualifications—the continuance, in fact, of a monopoly in favour of the lower qualifications of the London Colleges, the majority of the honorary medical staff holding these lower qualifications.

If it should be thought advisable by the governors of the Derbyshire Infirmary to introduce a higher standard of qualification, the Fellowship of a College of Surgeons, and the Fellowship or Membership of a College of Physicians (qualifications possessed by only one member of the present staff), by all means let it be done on some fair and consistent principle; but, in my opinion, there is little or no scope in Derby for the so-called higher grade men. The high standard or higher grade principle, however desirable and easily attainable in large places like London, Man-

chester, Dublin, and Edinburgh, seats of learning and large medical schools, is impracticable in Derby. In conclusion, I may add that at a general meeting of the governors on July 7th, 1884, I proposed an amendment to include as eligible licentiates of the Dublin and Edinburgh Colleges so as to put them on a equal footing with those of the London Colleges, which was only lost by the narrow majority of seven votes, 28 voting for and 35 against.

The sequel has shown that I have been amply justified in my repeated attempts, for they have at last elicited an admission on behalf of the weekly board that there is dissatisfaction in the town over the medical rules which are acknowledged to be defective and capable of improvement, and are now referred to a special committee.

I am, Sirs, yours faithfully,

Mickleover, Derby, Feb. 4th, 1890. J. MURRAY LINDSAY.

REMOVAL OF INFECTIOUS CASES.

To the Editors of THE LANCET.

SIRS,—The point raised by your correspondent in last week's issue, as to the removal of bodies dead from an infectious disease in a public cab or fly, again draws attention to a grave omission in the Public Health Acts. You suggest, in an editorial note, that an action might be tried under Section 127 of the Public Health Act (1875); but must not this question be held to have been practically settled for the present, until an amending Act is passed, by the statement of the President of the Local Government Board, in answer to a question in Parliament regarding a decision of the Leigh magistrates in a similar case, and where they held that the Act did not meet the circumstances? He said that "he had no doubt whatever that the decision of the magistrates was right, and that the word 'person' in the Act did not include a dead body, and that a dead body was not a thing *ejusdem generis* with bedding, clothing, or rags. Under these circumstances it was evident that there had been an omission in the Act."

In the proposed Glasgow Police Amendment Act (1890), a clause has been inserted to prevent the transportation of the body of anyone who has died of infectious disease in a public conveyance not being a conveyance reserved for such purposes, unless and until the medical officer has certified that every precaution necessary for the public safety has been adopted to his satisfaction. A penalty of £10 is attached. I am, Sirs, yours faithfully,

HARVEY LITTLEJOHN, M.B.

Public Health Office, Edinburgh, Feb. 10th, 1890.

"THE EPIDEMIC."

To the Editors of THE LANCET.

SIRS,—It might be interesting to some of your readers—inasmuch as this island is only in communication with Guernsey and Cherbourg—to know that the epidemic is amongst us. I have had six genuine cases since Jan. 14th, and I think that the garrison localised here is also suffering from it. As far as I could I have made sure that none of the passengers landed ever had the epidemic, either during their stay here or before coming. The first case was a Custom House officer, whose duty is to take note of all the parcels coming from England *vid* Guernsey. I may also state that the mail boat is the only one which has been here for weeks, and that all the cases with the exception of those who had pulmonary complications are doing well.

I am, Sirs, yours truly,

Alderney, Jan. 28th, 1890. B. BARNARD, M.B.

To the Editors of THE LANCET.

SIRS,—I can fully endorse the experience of Mr. Stephenson Richmond in the use of eucalyptus as a preventive of influenza, as recommended by him in THE LANCET of Jan. 18th. I have from the beginning of the epidemic used eucalyptus disinfectant spray on the handkerchief as a perfume by day, and sprinkled on the bed-pillow for inhalation at night, and have found it most effectual in preventing influenza. In the cases of old people and invalids, I have directed the spray to be used in their rooms at intervals in the day, and sprinkled on their pillows at night, and I am convinced I have saved many from the disease, when their servants, who have not taken these precautions, have had it. I have not had the disease myself, although I have attended upwards of 200 cases. I have experienced the effects of a large dose of the poison several times after visiting houses where there were many cases. I felt considerable nausea, like that of sea-sickness, and such dizziness that I could scarcely walk straight, together with great languor. All these symptoms passed away on inhaling the eucalyptus with strong inspirations, until its warmth could be felt in the chest. It will as effectually destroy the poisons of other infectious diseases and fevers, and I hope to bring the subject of the use of eucalyptus in infectious diseases before the Epidemiological Society on March 12th, when I shall prove its powerful effect on the scarlet-fever poison.

I am, Sirs, yours faithfully,

Bayswater, Feb. 1st. 1890. J. BRENDON CURGENVEN.

To the Editors of THE LANCET.

SIRS,—In my letter of the 14th ult. I mentioned that I had apparently recovered from a possible attack of the prevailing epidemic after two days' treatment with large doses of quinine. I was unfortunately called out in the middle of the next night, and in the morning I was prostrated, and my temperature was 104°. I had to remain in bed two days, and again took large doses of quinine, and as much strong soup and champagne as my appetite allowed. On the third day I was better, but was compelled to continue my work, although my temperature was still high, over 101°; but curiously my pulse never exceeded 80 during the attack. For nearly a fortnight I was weak, and quite done up every evening, but by the help of the quinine (five grains three times a day), port wine, and champagne I kept "in harness," and am now in my usual good health.

I am, Sirs, yours faithfully,

Upper Clapton, N.E., Feb. 2nd, 1890. MEDICUS.

ANTIFEBRIN NOT A SAFE REMEDY.

To the Editors of THE LANCET.

SIRS,—I am very glad Dr. Wilks supports me in condemning some of the new and dangerous remedies sometimes given in various febrile diseases, and hope you will allow it to be as widely known as possible that antifebrin and, I venture to think, more than one allied substance are not safe, and ought not to be prescribed. A high temperature, as far as I am able to judge, does less harm to the patient than some of the substances given to reduce it. The class of remedies in question occasions physiological changes which are indeed the very last to be desired in cases in which the tendency to death, particularly in certain forms of acute disease, is due to defective action of heart or lungs or both, and is, in fact, contraindicated.

I am, Sirs, your obedient servant,

Grosvenor-street, Feb. 8th, 1890. LIONEL S. BEALE.

THE HOSPITALS OF THE METROPOLITAN ASYLUMS BOARD.

To the Editors of THE LANCET.

SIRS,—I have given notice that at the next meeting of the Metropolitan Asylums Board I shall move that in future the principal appointments of medical superintendents of its hospitals shall be advertised when vacant. At present the practice is to promote officers who are already in its service to the principal posts. But a new departure will shortly be made, for some of the fever hospitals of the metropolis will no doubt very soon be open for the purposes of medical instruction. The scheme of the College of Physicians, which has already been agreed to by a special committee of the board, provides that the medical superintendents of the hospitals shall be the clinical instructors in this important part of medical education. Under these circumstances I am strongly of opinion that the appointments, when vacant, should be advertised.

I am, Sirs, your obedient servant,

George-st., Hanover-sq., Feb. 10th, 1890. EDWARD SEATON.

A LONDON HOSPITAL FOR INSANE PAUPERS.

To the Editors of THE LANCET.

SIRS,—It has been reported that the County Council of London will have to make provision for 10,000 pauper lunatics. Already it has taken over the asylums at Colney Hatch, Banstead, Wandsworth, and Cane-hill, which

together contained on Jan. 1st, 1888, 6318 patients. In the same year there were admitted to these four asylums 1751 patients, 192 of them being transfers from other asylums, the remaining 1559 being new cases. The recoveries at those four asylums in 1888, taken on the number admitted, excluding transfers, occurred in the proportion of 42·4 per cent. For monster asylums, managed mainly, or in part, by "young men fresh from the hospitals," that result is not bad; and I do not think that the reputed inventor of this fad had a more marked success than that, though his labours were spread over six or seven years, aided by another medical man, and with the smallest number to treat of any man practising in the specialty in that day.

The County Council of London is, then, going to spend £32,000 of the ratepayers' money on an experiment. It will build a special hospital for the scientific treatment of new cases. At an expenditure of £250 a bed it will provide for 128 patients. It will spend £10,000 a year, which, divided by 128 patients, gives a cost of £78 per year on each patient. Happy patient to cost more than three times as much as the miserable wretches whose fate takes them to a county asylum! I have mentioned that 1559 new patients were admitted to the four asylums now owned by the county of London. Of course everything will be done fair and above board, and no comparison of results obtained will be made with the average asylum except on fair terms. The average patient will be admitted, and there will be no picking of favourable cases, and the population of the hospital will be changed forty-nine times in the course of a year, so that all shall have a trial, though that would give an average residence of each patient for a little over a week. The scheme is indeed marvellous, liberal, and fair. Let it be tried on those fair terms for one year; no picking; everyone to have a chance; and then compare results. I am afraid to say what those results will be; better no doubt than if the patients were left to the untender mercies of the young men fresh from the hospitals.

I am, Sirs, yours truly,

Stapleton, February, 1890. GEORGE THOMPSON, M.D.

EXCISION OF BURSÆ.

To the Editors of THE LANCET.

SIRS,—I wish to bear my testimony in favour of the treatment by excision of bursal swellings in the neighbourhood of, or in connexion with, joints, two successful examples of which method have been reported by Mr. Clutton in THE LANCET of last week.

I have lately seen a lad from whose popliteal space I dissected out a large bursa in connexion with the semi-membranosus tendon early in 1889 (March 5th). At the time Mr. Silcock was recording his cases the boy continues well, and the movement of the joint is natural in all respects. I have recently also treated another case by the same method, ligaturing that peduncular portion of the cyst which communicated with the joint by a funnel-shaped opening through the posterior capsule; here also recovery was satisfactory and complete. I have also extended the method to the treatment of enlarged bursæ over the olecranon and other situations, and last month dissected out two large compound ganglia on the back of the wrist-joint with satisfactory results. I hope shortly to publish notes of these latter cases. It seems desirable that examples of this method of treatment should be published, as I feel sure that when it is sufficiently known and appreciated, the treatment by injection of iodine or by incision and drainage will become a thing of the past.

I am, Sirs, yours faithfully,

Leicester, Feb. 2nd, 1890. C. J. BOND.

COLLECTIVE INVESTIGATION ON CANCER.

To the Editors of THE LANCET.

SIRS,—Being desirous of collecting further evidence in favour of the view that cancer can be completely eradicated in its earlier stages, I venture to invite the co-operation of the members of our profession, including all registered students, in asking them to send me, before April 30th next, accounts of unpublished cases of cancer in which, after a lapse of at least five years from the destruction or extirpation of the growth, there has been no return of the disease. I would suggest that all who are willing to assist me should observe the following conditions:—1. The notes to be written on one side of the paper only, and brevity is desirable. 2. The evidence of diagnosis should first be stated; secondly, an outline of the treatment given; and, thirdly, proof of the non-recurrence of the disease after the lapse of five years or longer from the date of operation. 3. Should the patient have died of some other disease, the clearest evidence of immunity from cancer at the time of decease should be adduced. 4. Each case should be written out separately, and bear the name and address of the sender. Students of medicine sending notes of cases from hospitals can only do so by permission of the surgeons. I further propose to publish the names and addresses of those who kindly assist me in the medical journals, and at a later period to lay before the profession the results of this scientific inquiry.—I am, Sirs, yours faithfully,

CHAS. E. JENNINGS, F.R.C.S.

Upper Brook-street, Grosvenor-square, W., Feb. 8th, 1890.

LONDON FOGS.

To the Editors of THE LANCET.

SIRS,—I have to thank you for your very fair annotation on the above subject. I acknowledge the justice of your criticism as to objections to my proposals for their removal; but I think all reformers, when proposing to disestablish a recognised evil, should show that it can be done. I have pointed out a day for the purpose of raising a discussion. The authority whose duty it is to purify the air as well as the water supplied to its inhabitants may or will after due inquiry find out a better way. I hope the agitation against our mortal enemy, "London smoke fog," will be continued by abler pens than mine.

I am, Sirs, your obedient servant,

Croydon, Feb. 9th, 1890. ALFRED CARPENTER.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle Royal Infirmary.

THE annual meeting of the Newcastle Royal Infirmary has been held, and the report states that the changes which had been made in the constitution of the infirmary in the previous year had worked satisfactorily. By making the admission to the hospital free it was thought that it would to a greater extent than before obtain the support of the working classes. This expectation, the report states, was realised in the year 1888; the contributions of the factories exceeded by nearly £1000 those of 1887, and during the year just concluded the same observation may be made, the contributions from this class of supporters being over £600 more than even the preceding year. At the last revision of the statutes of the infirmary it was resolved to diminish as much as possible the number of out-patients and casuals, yet, notwithstanding various restrictions, the emergency cases amount to 3090, the eye patients to 1095, and the dental cases to 1023. The whole number of in-patients treated during the year has been 3120, the number of deaths 252, giving a death-rate of 807. Of these, however, 45 died within twenty-four hours of their admission, and might therefore be regarded as moribund when admitted. Subtracting these the number of deaths may be stated as 207, giving a death-rate of 6·11. The report refers to a statement made in THE LANCET of Sept. 26th, 1874, that of the major amputations which had been performed during the preceding five years—viz., 1870, 1871, 1872, 1873, and 1874—the mortality had amounted to 48·4 per cent., or nearly one-half; while during a period of eleven years and nine months, extending from April, 1878, to December, 1889, there were 536 major amputations performed, with 42 deaths, giving a mortality of 7·8. This great improvement, the report states, is owing to the advance in surgery and the general management of the hospital.

Sunderland.

The subscriptions for the new Eye Infirmary at Sunderland are coming in, but much is still required. The Marquis of Londonderry and the Earl of Durham have each given £100 for the building fund. The new extensions to Monkwearmouth and Southwick Infirmary were formally opened on Saturday last by Sir Hedworth Williamson, Bart., in the presence of a large representative assembly of ladies and gentlemen connected with the north side of

Sunderland. The additions to the hospital consist of a ward containing seven beds, operating room, and offices. The cost of the extensions has been £1000, all of which, I understand, has been raised. This extension was much needed for the north side of Sunderland.

The Newcastle Dispensary.

The 112th annual meeting of this old-established institution has been held, and the report shows that the total number of patients admitted to the benefits of the charity exhibits an increase of 837, as compared with the previous twelve months. There is an increase in the letter cases of 803, and the casual department shows an increase of 34. The report acknowledges about £570 as having been received from the Sunday Hospital Fund.

Durham County Hospital.

The annual report of the Durham County Hospital, which has been presented to the meeting of governors just held, shows that the total number of patients treated for 1889 was 1474, of which 381 were in-patients. The financial statement was satisfactory, as the receipts exceeded the expenditure by about £200. The Hospital Sunday and Saturday collections realised about £400.

Death of Dr. C. Green of Gateshead.

It is with regret I notice the death on the 4th inst. of Dr. C. Green, at his residence, Gateshead, from cardiac complications, at last quite suddenly, although he had been out of health for some time. His funeral was attended by a large number of friends from Newcastle and Gateshead, who testified their esteem by every mark of respect. His father, who was likewise a practitioner in Gateshead, also, I believe, died from heart disease. [A brief notice of the life and work of Dr. Green will be found in another column.—ED. L.]

Newcastle-on-Tyne, Feb. 12th.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

Meetings of Charitable Societies.

AT the meeting of the Royal Infirmary Samaritan Society it was stated that during the year £344 4*s.* 2*d.* had been disbursed to 196 patients, as compared with an outlay of £299 4*s.* 5*d.* to 193 patients the previous year. In addition to this, 3192 articles of clothing had been distributed to patients leaving the infirmary. There is no doubt that this Society is doing good work; and, as Professor Annandale pointed out, patients were enabled to leave the wards of the infirmary supplied with clothes and money, when otherwise they might not be able to get away.—The work done by the House of Refuge Charity during the year has been very great indeed, no fewer than 276 outcasts being admitted in addition to the 275 who were residents at the beginning of the year. Of these, 284 had left and 22 had died. There has also been a nightly average of 38 sheltered and relieved, giving a total of 13,984 for the year. The expenditure amounted to £4460 13*s.*, of which £2938 was received from those inmates who pay board.—The Model Lodging-house, which is an entirely new institution, on the basis of those at present existing in the north of England and elsewhere, promises to do good, and to bring the shareholders not a high, but certainly a fair dividend.—The effect of the opening of the new Dental Hospital in Lauriston-lane has been to increase the number of patients treated during the year by 242. Although there had been many extraordinary expenses, there was in the hands of the treasurer at the end of the year a balance of £334 9*s.* 3*d.*, the expenditure during that period being £565 15*s.* 3*d.* The revenue from hospital fees had considerably increased.

Dr. Felkin and Emin Pasha.

There is a feeling in Edinburgh that Dr. Felkin has done well to take up the cudgels for his old friend and colleague Emin Pasha, whose work in the Soudan, though not of a showy nature, has been none the less useful, and the results of which have been not less lasting on that account. It would be curious, indeed, had there been no disagreement between two such men as Stanley and Emin Pasha, the one with his heart with the people amongst whom he had been working so long, the other with his anxiety to bring back with flying colours Dr. Emin and those who were willing to leave with him. Medical men have played a great part in the various scenes of the Soudan drama, and we must wait with patience to hear Emin's story, as we heard that of Dr. Younker, before a final verdict can be given.

Golden Wedding of Sir William and Lady Muir.

On Saturday last Principal and Lady Muir celebrated their golden wedding, and the opportunity was taken by a large number of the professors and students to offer expressions of goodwill and warm congratulations on the event. The Senatus Academicus, amongst others, presented a beautiful silver punch-bowl, and the students' representative council sent an address, for which the Principal publicly thanked the students. Long may the "honeymoon" couple be spared to take part in the life of the University.

Death of Nurse Porter.

It will be with feelings of deep regret that Edinburgh men will read of the death of Mrs. Porter. From Syme's time downwards Mrs. Porter has been well known to all who have studied in the University clinical surgery wards in the Royal Infirmary. She was looked upon as a kind of permanent institution, and it will come almost as a shock to many who passed their salad days in the surgical wards under her supervision to hear that at last she has passed away. She was really a personal friend of nearly all the surgeons that Edinburgh has produced for many years past. Her sitting-room, as old Edinburgh men will remember, has on its walls one of the best collections of photographs of surgeons of various degrees of eminence to be found anywhere in the kingdom, and latterly it has been almost as great an honour to be hung in this gallery as to be senior president of the Royal Medical Society. Professor Annandale, who remembers her as a staff nurse when he was a student, when referring to her death, spoke to his class in terms of the highest praise of her work, alluding with much kindly feeling to the loss that he and others had sustained. She has always said that she would, like one of her old friends (Dr. Murchison), like to die in harness, and her desire was fulfilled, for, though too old to discharge the more onerous duties of her office, she died—aged eighty-one—in her uniform, seated in her own room near the wards.

Health of Edinburgh.

During the month of January the death-rate has been 27·88 per 1000 of the estimated population, or 7·59 higher than the average death-rate in the month of January for the preceding five years. Of these deaths, 36·19 per cent. were registered as under five years of age, 40·31 per cent. as between five and sixty years, and 23·49 as above sixty years. Deaths from diseases of the chest account for 42·69 of the whole; 7·93 per cent. were due to debility and old age; and zymotic diseases account for 19·84 per cent. of the total deaths. There were 1582 cases of infectious disease reported, against 163 in January, 1889. During the month 9287 lb. of unsound meat were seized—4538 lb. from the country, and 4749 lb. from the city.

Edinburgh, Feb. 13th.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

Royal University of Ireland.

A MEETING of the Senate was held last week, presided over by Lord Emly, Vice-Chancellor of the University. The General Medical Council having made some fresh enactments concerning examinations for qualifications in sanitary science, the Senate have made the following order respecting the diploma in Sanitary Science:—1. That no candidate shall be admitted to this examination until the lapse of twelve months from obtaining the first registrable qualification. 2. That every candidate must, when entering for the examination, produce a certificate of having, after obtaining a registrable qualification, attended, during a period of six months, practical instruction in a laboratory approved by the University. The following were appointed examiners for 1890:—Midwifery: Drs. J. W. Byers and A. J. Smith. Medical Jurisprudence: Drs. C. Y. Pearson and F. Quinlan. Materia Medica: Mr. M. Cox and Dr. W. Whitla.

Galway County Infirmary.

Mr. Robinson and Dr. Browne of the Local Government Board, who had been appointed by the Government to hold an inquiry into the condition of the Galway Infirmary, have recently furnished an exhaustive report. The Commissioners

recommend that the infirmary be opened as a middle-class hospital, and for workhouse patients requiring special surgical treatment; the middle-class patients to pay, and the cost of workhouse cases to be borne by the electoral division or union to which such cases might happen to be chargeable. The hospital, if established on this principle, might, if largely used, be made self-supporting; while the cost to patients would include the cost of maintenance and clothing only, all other expenses in connexion with the hospital being a charge on the poor-rates of the unions and parts of unions in county Galway. The medical staff of the Queen's College, Galway, have offered to undertake the care of the sick in the hospital if they are allowed to use it as a clinical school, and this arrangement the Commissioners consider would be highly advantageous to the county. They suggest that accommodation should be provided in the infirmary for a resident pupil, and that the present surgeon's residence should be appropriated for a maternity hospital, or for such other purpose as the medical officers, with the approval of the Local Government Board, might determine. Considerable opposition to the suggestions of the Commissioners is expected, but they appear to be a feasible way out of the present difficulty.

Health of Dublin for December Quarter.

The births in the Dublin Registration District numbered 2280 and the deaths 2343. Zymotic diseases caused 297 deaths, or 62 below those recorded in the preceding quarter. Thirty-four per cent. of the mortality from zymotic diseases resulted from enteric fever, the fatal cases of which numbered 101, equivalent to an annual rate of 1·1 per 1000 of the estimated population. The deaths from measles were 23, and 4 from scarlatina.

Cork Lunatic Asylum: Influenza.

At the monthly meeting of the governors last week, Dr. Oakshott, acting for the resident medical superintendent, reported that the inmates had been visited by the prevailing influenza epidemic, principally on the male side of the house. In consequence of the overcrowded state of the asylum, he has been obliged to convert some of the day rooms into dormitories, in order to give the sick patients an increased amount of cubic space. The day the report was furnished there were 77 male and 10 female patients and 9 attendants laid up, but since then nearly all have recovered, there being only five or six serious cases.

Mr. Thomas M. Gallagher has been elected, without opposition, coroner for North Mayo.

Dublin, Feb. 11th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Contagiousness of Influenza.

As an example of the contagiousness of *la grippe*, Dr. Proust read at the Academy of Medicine an extract of a report from Dr. d'Hoste, surgeon of a mail boat called *Saint Germain*. The boat left Saint Nazaire on Dec. 2nd for Vera Cruz, in excellent sanitary condition. It put in at Pauillac on the 6th, having touched at Santander on the 5th. At this latter port there embarked a first-class passenger, coming from Madrid, where *la grippe* was raging. Till then the health of the passengers and crew was perfect, but on the 6th the passenger from Santander was seized with the disease, and gradually, from Dec. 12th to Jan. 7th, 154 passengers out of 436, and 47 of the crew, were in their turn affected. The epidemic, however, was slight, and no death occurred. The conclusion was that it is a contagious malady, transmissible not only in its graver complications, as established by Professor Bouchard, but also in its simple and benign form.

The Composition and Value of Cod-liver Oil.

Professor Gautier, the well-known chemist, communicated to the Academy of Medicine some important researches that he has made on cod-liver oil. The oil was procured from three species of cod caught off Newfoundland and off the coasts of Ireland. The fresh livers were packed in large vats which could be heated. The first oil coming to the surface of the vat was of a whitish or greenish tint; the next drawn was more coloured, and contained the elements of bile and alkaloids which give it its special value. Tainted livers furnished a third kind of oil, fit only for industrial purposes. M. Gautier has isolated six alkaloids and one acid which could act as a base. Some of these substances were toxic, others simply stimulated nutrition. He established the great diuretic power of several of these, morrhuine and morrhuic acid in particular. Cod-liver oil acted like a fatty substance, but it is a fat easily eliminated, and which no other could replace. Moreover, it contained pyrophosphoric acid, lecithine, phosphorus combined in an organic state as in milk, yelk of eggs, legumine, in which state it could be directly utilised and assimilated by the organism. It contained iodine and bromine, which the codfish find in the seaweeds they feed on.

The Physiology of the Cerebellum.

At a recent meeting of the Société de Biologie, Dr. Laborde read a note on the physiology of the cerebellum. He began by the remark that careful pathological observation has proved the quasi-normal preservation of muscular power in the case of cerebellar lesion. He had previously cited an example of this condition observed by the late Professor Vulpian, and which was related in his lectures on the physiology of the nervous system. Dr. Laborde had himself seen at the Bicêtre Asylum an example of the kind. It was the case of a lunatic who, although lying in bed, always felt as if he were going to fall, and who consequently clung with some force to the side of his bed, his muscular energy being intact. He summed up with the statement that clinical observation and experiments clearly proved the preservation of the dynamometric force of the muscles in the cases of well-marked motor incoördination, after ablation of the cerebellum. The physiological doctrine, according to which the cerebellum is the organic centre of the muscular tonicity necessary for the accomplishment of general movements, whether voluntary or otherwise, could not therefore be sustained.

Midwives and Antiseptics.

In consequence of several epidemics of puerperal fever in Paris, in which the transmission of the malady by midwives was manifest, the Minister of the Interior inquired of the Academy of Medicine as to the propriety or expediency of midwives being allowed to prescribe antiseptics. The question was referred to a commission, and Dr. Budin, the reporter, read at the last meeting of the Academy of Medicine the result of the deliberations of the commission on the subject. He showed the importance of antiseptics in accouchements, and related the case of a midwife who, from March 21st to May 25th, 1879, had attended 44 women, of whom 20 were affected and 5 had died from septic poisoning. He would therefore advise that means be given to midwives to prevent the propagation of this disease. He then related what had been done in this matter in the different countries of Europe. The next question was whether they should be restricted in their choice of antiseptics. Dr. Budin, after having studied boric acid, creoline, naphthol, and carbolic acid, finally fixed upon corrosive sublimate, proposed by Professor Tarnier in 1881, the superiority of which over the other antiseptics appeared to him undoubted. This he endeavoured to demonstrate by the fact that the mortality by septic poisoning in the lying-in hospitals had fallen to 0·96 per cent. with carbolic acid, but it fell to 0 with corrosive sublimate. He therefore recommended that midwives should be authorised to prescribe corrosive sublimate, but under certain restrictions.

Dr. Ricard's Mission to Germany.

Dr. Ricard, *agrégé* of the Faculty of Medicine of Paris, and hospital surgeon, has just been sent by the Minister of Public Instruction on a mission to Germany, to study the progress of surgery and the organisation of the surgical services of the hospitals of the principal cities of the empire.

Paris, Feb. 11th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

Short-sightedness.

THE January number of the *Archiv für Hygiene*, edited by Professor Robert Koch, contains an account of the investigations made by the Hygienic Institute of the Berlin University regarding short-sightedness among the pupils of high schools here. With the sanction of the Minister of Religion, Education, and Medicine, Dr. Kirchner, who was entrusted with the matter, chose two of the great Berlin gymnasia (i.e., high schools in which Greek and Roman literature are

the main pabulum) as the field of his inquiry. One of these schools is old and badly lighted; the other is a fine new building much more in accordance with modern requirments. Dr. Kirchner found that the average short-sightednes of the pupils increases in regular progression in the old school from the sixth or lowest class up to the first, whereas in the new one it does not begin to rise considerably till the pupils have reached the first division of the third. The general visual power of the pupils of the old school was invariably inferior to that of the pupils of the new one. Dr. Kirchner declares that the darkest seat in a school should have light corresponding to that of ten candles at least.

Briquettes.

Some time ago a society requested the Imperial Office of Health to investigate the various kinds of compressed coals or briquettes, with a view to ascertaining with scientific precision which kind has the most and which the least deleterious effect on the air of the rooms in which they are burned. The said office has now answered that it has no power to comply with proposals from private individuals or societies in the manner suggested. At the same time, however, it has requested the society to supply it with specimens of the coals in question, in order that it may examine them for its own information on behalf of the public health.

Paper-hangers' Paste.

The president of the police of Berlin publicly warns the population that paper-hangers are in the habit of adding *Schweinfurtergruen*, a most dangerous and easily procurable combination of arseniate with acetate of black oxide of copper, to their paste, with a view to suppressing vermin, thereby endangering the health of the inmates.

Death of Geheimrath Professor Otto Becker.

This distinguished ophthalmologist died at Heidelberg on the 7th inst., at the age of sixty-one. Some particulars of his career will be given in my next letter.

The last news I have read of Professor von Nussbaum's condition was dated the 4th inst. No improvement had yet taken place, and his strength was not increasing.

I reported some weeks ago that influenza had been followed in the case of Surgeon-General Henrici of Posen by thrombosis in the left leg, so that the limb had to be amputated above the knee. I have now the pleasure of announcing that Dr. Henrici is convalescent.

Dr. von Hippel, one of the medical professors at Giessen, has been appointed ordinary professor in the Medical Faculty of Königsberg University, with the title of Geheimer Medizinalrath (Privy Medical Councillor).

Geheimrath Dr. Vollmer and Dr. H. Schmidt, the heads of the Catholic hospital of St. Hedwig here, will resign their posts on April 1st.

Professor Ried of Jena, the Nestor of German surgery, celebrates his eightieth birthday to-day.

Berlin, Feb. 11th.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

The Etiology of Influenza.

AT the last meeting of the Gesellschaft der Aerzte, Professor Weichselbaum, the well-known pathologist, made a communication on his investigations of the bacteriology of influenza. No micro-organisms could be detected by him in the blood of patients examined. The sputum was repeatedly examined in eighteen cases during the course of the disease. In all of these cases large numbers of a diplococcus resembling Fraenkel-Weichselbaum's pneumonococcus could be demonstrated by the microscope and by culture experiments; but inoculation experiments made on animals showed that the virulence of the microbes was lessened, as only one-third of the inoculated animals died with the well-known symptoms, and the cultures obtained from the sputa of convalescents were even less virulent. The same micro-organisms were found in the urine and in the bodies of ten patients who had died from influenza complicated by suppurative processes. In two only of the latter cases the streptococcus and staphylococcus aureus were also present. The pus of cases of otitis media and empyema of Highmore's cavity were examined in some cases, and Fraenkel's coccus was discovered in these parts. Abundant crops of the cocci of pneumonia were to be found in the intestines of a young girl who had died with symptoms of acute enteritis. Rabbits inoculated with the diluted contents of the intestines died manifesting the symptoms of septicæmia. Professor Weichselbaum stated that in the cases he had examined he had not been able to detect Friedländer's pneumonococcus or any microbe similar to that which had been found by Dr. Jolles. Professor Weichselbaum expressed himself very cautiously on the conclusions to be drawn from these researches, and seemed inclined to the opinion that only the complications of influenza were due to Fraenkel's pneumonococcus, while the disease itself might be caused by another micro-organism not yet discovered. A discussion on Professor Weichselbaum's paper will take place at the next meeting of the Society of Physicians. I am informed that Fraenkel's pneumonococcus has also been found in the sputa by a bacteriologist working at the Hygienic Institute of Professor Grüber. Special attention is paid here to the communication made by Professor Klebs on the blood of influenza patients.

Compulsory Vaccination.

The Austrian Upper Council of Health has resolved to recommend to the Government the introduction of compulsory vaccination and revaccination.

Vienna, Feb. 11th.

CANADA.

(FROM A CORRESPONDENT.)

The University of Toronto.

ON Dec. 21st last the new building of the Biological Department of the University of Toronto was formally opened by Sir Daniel Wilson. The gathering was large and representative. Among those present taking part in the ceremonies were the Hon. G. W. Ross, Minister of Education; Professor Ramsay Wright, Toronto; Professors Osler and Welch, Johns Hopkins University; Professor Vaughan, Detroit; and Professor Minot, Harvard University. The last-named gentleman, who spoke on "Microscopic Research in Embryological Development," in concluding his remarks, offered congratulations upon the possession by Toronto "of such a beautiful and well-equipped building," adding that "in the United States they had none superior to it, and scarcely any its equal." The building is designed in the Scottish-Norman style, and is built of grey-stone. It contains a spacious lecture hall, the seating being arranged on the principle known as the "isacoustic curve"; a large laboratory; smaller laboratories for morphology, bacteriology, physical and chemical physiology; photographic rooms, two plant rooms, aquarium, &c. The cost is nearly £12,000.

Proposed new Hospitals at Toronto.

Some two years ago Senator Macdonald (Toronto) offered a large sum for the erection of a new hospital to meet the demands of our rapidly growing city. A site has just been secured at a cost of over £10,000. The location is central, easy of access, near the University and Biological Department. The plans are so far advanced that the approaching spring will witness the commencement of building work. A fine building for the Hospital for Sick Children is in process of construction. The total cost, including site, will be over £20,000, and of this amount the city gave £5000 as a Jubilee offering in 1888.

Toronto, Jan. 9th.

Obituary.

EDWARD KENT PARSON, M.R.C.S., J.P.

IT is with much regret that we have to record the death of this well-known and highly respected practitioner, which occurred on the 2nd inst. at his residence, King's-terrace, Southsea. Always a man of good health and cheerful spirits, he looked much younger than his years, and lived on up to a few weeks ago feeling few of the infirmities of age and actively engaged in his professional duties. Early in the present year symptoms of cardiac failure became apparent. This increased, causing considerable breathlessness, but he was confined to his bed for a few weeks only.

Mr. Parson was born on Dec. 20th, 1820, and was therefore in his sixty-ninth year. He received his medical education at St. Bartholomew's Hospital, and was admitted

a member of the Royal College of Surgeons in 1843. Having held the house surgeoncy at the Sussex County Hospital, Brighton, he went to Portsmouth in 1847, and entered into partnership with the late Dr. Scott, at that time a leading practitioner. Early in his professional career he became associated with the Royal Portsmouth Hospital, being appointed one of the first surgeons, and he took the deepest interest in its affairs up to his death. He was on the active staff for thirty-five years, and on his retirement in 1885 was unanimously elected an honorary consulting surgeon, and subsequently a vice-president of the hospital. He was appointed by the Lords of the Admiralty the visiting surgeon under the Contagious Diseases Act of 1866, and it was generally admitted that the effectual working of the Act was due in a large measure to his tact and judgment. Mr. Parson did not contribute to the literature of his profession, but his opinion was essentially sound, and he was possessed of much skill as an operating surgeon. But he did not confine his activity to the work of his profession; his aid and advice were, indeed, in constant request, and were freely sought, and readily given to any good cause. He was for many years a magistrate for Portsmouth, and was associated with many of the public companies of that borough. In politics he was a Liberal, being at one time chairman of the party. He had a great taste for the amusements of country life, and when tired of the routine of professional duties employed his leisure among his flowers at his country cottage, near Emsworth.

Mr. Parson's life was distinguished by unswerving integrity and incessant usefulness. He was esteemed and beloved by people of all ranks and parties, and was ever ready to do an act of kindness for any who required it. His memory will long be cherished by his many friends.

PROFESSOR FRANCESCO RATTI.

ONE of the brightest ornaments of the Roman school has just passed away in the Commendatore Francesco Ratti, who died on the evening of Jan. 22nd, in his seventy-fifth year. A distinguished student at the Sapienza, he graduated as Doctor of Medicine in 1835, and was shortly thereafter nominated *Primarius* Physician of the Roman hospitals. His studies, which at first embraced every department of the healing art, were ultimately concentrated on chemistry and toxicology, and in 1844 he was elected against a number of very formidable competitors to the chair of General Chemistry in the University of Rome. An ardent patriot, he sided with the Republican party in 1848, and in the following year, when the triumvirate, of whom Mazzini was the chief and Garibaldi the military representative, displaced the Government of Pius IX., Ratti was entrusted with honourable command in the "University Battalion," and undertook the hazardous mission of finding his way to Tuscany to procure ammunition. When in 1850 the Pope, by the aid of Louis Napoleon, President of the French Republic, returned to Rome, Ratti was severely punished for the part he took in the Liberal cause, and, among other marks of Papal displeasure, was suspended for two years from the privilege of lecturing or teaching. When seventeen years later Garibaldi renewed his attempt to vindicate Rome for United Italy, Ratti again came to the front and acted as one of the National Roman Committee. In 1870, with the fall of the Temporal Power, the Revolutionary party was dissolved, and Ratti, like many other patriots of the profession in Italy, threw himself with renovated enthusiasm into medical work. By the Italian Government he was nominated its representative at the great Medical Congress held in 1872 at Vienna, and was further promoted by it to the post of President of the Superior Sanitary Council, the duties of which he discharged with conspicuous ability for six years. He held positions of trust in numerous medical charities and institutions, and acted as President of the Commission for the Hospital of the Good Shepherd. During three Legislatures he represented one of the electoral divisions of Rome in the Chamber of Deputies, always sitting and voting with the party of the Left. The well-being of Rome was always near his heart, and he laboured assiduously for such a restoration of her chool of veterinary medicine as would revive the sound traditions of Metaxà, of Cappello, and of the other masters in the institute which had been inopportunely suppressed. Professor Ratti was a frequent contributor to the Transactions of the scientific bodies of which he was a member, and his papers on chemistry and therapeutics, original in research and independent in thought, were much valued in Italy and on the Continent. He was an active promoter of the cremation of the dead, and presided over a society for the extension of the practice to all parts of Italy. He lived to see many of the opponents of it converted to his side, and to witness its adoption in nearly every considerable centre of population throughout the peninsula.

In spite of his advanced years he held important posts at the time of his death. He was Director of the School of Pharmacy in the Roman University, Professor of Pharmaceutical Chemistry and Toxicology in the same seat of learning, and sat on more than one commission of the municipality. His funeral, on the 24th ult., was an impressive one. It was attended by the leading citizens and lights of the profession in Rome; while the students, invited at the special instance of the rector of the Sapienza, formed an interesting feature in the solemn profession.

CHARLES GREEN, M.D.

CHARLES GREEN, M.D., of Gateshead, died rather suddenly at his residence, Walker-terrace, on the 5th inst. He was only just thirty-three years of age, and was one of the prominent men in medical circles on Tyneside. He had been ailing for a considerable time, and had only recently returned from Bournemouth, where he had gone for the benefit of his health. He was M.D. of Durham University, and after being qualified, settled down in Gateshead, where he was appointed medical officer of health. He resigned that appointment, and afterwards became medical officer of health for the east district of the parish of Gateshead. He represented the North Ward in the Town Council, and took a great interest in local affairs. He was also a member of the Lodge of Freemasons, No. 48. He delivered courses of lectures for a period of three years at the Mechanics' Institute, Gateshead, on ambulance work, and the students were very successful. Dr. Green acted as surgeon to the Newcastle Artillery up to a few days before his death. When employed as medical officer of the borough he paid assiduous attention to his duties and performed much in the way of sanitary work. He effectually called attention to and secured investigation into the matter of the great infantile mortality which was then the unhappy experience of Gateshead. Owing to his connexion with the 1st Newcastle Artillery as surgeon, his old comrades in arms decided that he should be interred with military honours. The deceased gentleman was of a very genial disposition, and will be missed by a large circle of acquaintances.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT an ordinary meeting of the Council, held on the 13th inst., the minutes of the quarterly Council of the 9th ult. were read and confirmed.

The Secretary reported the death of Mr. Alexander Shaw, a past member of the Council, and a vote of condolence with Mrs. Shaw was unanimously passed.

The eighteenth report from the Committee on the Extension of the College Premises was read, adopted, and entered on the minutes. The committee reported that they had under their consideration certain modifications of the plans already adopted for the new large museum, and recommend the Council to sanction an additional expenditure of £32 9*s.* for providing better means of access between the galleries of the new large museum and the present western museum, and of £77 10*s.* for providing glass-floor galleries in the new large museum in place of the stone-floor galleries specified in the original plans. With regard to the new small museum, on the recommendation contained in the seventeenth report of the committee, the Council sanctioned the expenditure of a sum not exceeding £300; and the committee therefore now recommended the expenditure of a sum not exceeding £399 11*s.* for fittings and pedestals with hinged leaves for the second-floor gallery, in substitution of the former authorised expenditure of £300 for pedestals alone.

The report from the Laboratories Committee, dated Jan. 22nd last, was read and adopted. The report detailed the duties attaching to the office of Director, and the conditions relating to his appointment. The committee unanimously resolved to nominate Dr. Sims Woodhead for election to the post, thus agreeing with the decision of the

Comitia of the Royal College of Physicians, as recorded in our issue of the 1st inst.

A report from the Committee on the Extension of the Examination Hall Buildings was approved and adopted, subject to the approval of the Royal College of Physicians.

Letters were read from Dr. Liveing, registrar, reporting the proceedings of the Council of the Royal College of Physicians in reference to the alteration in the regulations for the conjoint diploma in Public Health of the two Colleges; also reporting the proceedings of that College at the quarterly meeting on the 30th ult. with reference to matters affecting the two Colleges.

A copy of the statement of defence in the action of Steele *v.* Savory, prepared by Mr. Wilde and Mr. Paget, was read by the President, who also stated that, as the time allowed for the delivery of the statement of defence expired on Jan. 29th, he had, in the absence of any meeting of the Council, with the consent of the Vice-Presidents, and the past President, Sir William Savory, Bart., authorised Mr. Wilde to take the necessary steps to deliver the statement on that date. The action of the President was approved.

The attention of the Council was directed to the Bill to be brought into Parliament with regard to the Strand Improvement Scheme, and the President and Vice-Presidents were authorised to take such steps as they thought proper with regard to the subject.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the necessary examinations, were, at an ordinary meeting of the Council on the 13th inst., admitted Members of the College:—

Bott, William, L.S.A., Workhouse-lane, Tipton.
Branson, William, L.R.C.P.Lond., Carnson House, Rotherham.
Campbell, Jas. Tweedie, M.D., Bellevue, Hillmartin-road.
Collins, E. T., L.S.A., Campden House, Selly Park, Birmingham.
Griffiths, John, L.S.A., Beechfields, Oswestry.
Haswell, John Francis, M.B.Edin., Monk Seaton, Northumberland.
Kingdon, Ernest Cory, M.B.Edin., Upper College-street, Nottingham.
MacKnight, Conway Montgomery, M.B.Melb., Mornington-road.
Moore, George Ogle, L.R.C.P.Edin., Bramham-gardens.
Morton, James Douglas, L.S.A., St. George's-square.
Sloggett, H. P., L.K.Q.C.P.I., Stacey-road, Cardiff.

Also those gentlemen whose names were given last week as of those who had received the L.R.C.P. Lond., with the following exceptions:—

E. M. Callender, J. M. Cochrane, J. A. Fox, A. W. Gilchrist, E. B. Harris, W. W. Heelas, E. Hobhouse, E. H. Lingwood, R. H. Palmer, F. R. H. Potts, G. R. Saunders, and T. A. Woodruff.

UNIVERSITY OF LONDON: M.B. EXAMINATION.—The following candidates passed the entire examination:—

First Division.—Sidney Spenser F. Blackman, St. Bartholomew's Hospital; Francis Chown, St. Mary's Hospital; Geo. A. Clarkson, St. Paul's School and St. George's Hospital; Arthur P. Cummings, King's College; Alfred Henry Gerrard, Univ. Coll. and Islington High School; Samuel Clarke Hodgson, B.A., Yorkshire College and private study; Sydney Price James, Guy's Hospital and private tuition; Fredk. Wm. Robertson, St. Bartholomew's Hospital.

Second Division.—Joseph Ashton, University College, Aberystwith, and St. Mary's Hospital; Francis John H. Cann, Guy's Hospital and private tuition; Lancelot Arthur Dowson, Yorkshire College; James Dumas, B.A., private study; Daniel Edward Evans, University College, Aberystwith, and St. Mary's Hospital; Philip Henry Fearnsides, Yorkshire College; Ella Catherine Flint, University College, Birkbeck Institute, and private tuition; M. Leslie Guy Hallwright, Mason College and private study; Arthur Marriott, Firth College; Alfred Miller, Guy's Hospital and Birkbeck Institute; Archibald Young, Firth College.

EVESHAM COTTAGE HOSPITAL has received a donation of £500 from Mr. Thomas White of Evesham.

LITERARY INTELLIGENCE.—We understand that Dr. Saundby's work on Bright's Disease has been translated into German by W. W. Leurier.

BEQUESTS.—Mrs. Jane Hore, of Monkstown, Ireland, has left £500 to the Hospital for Incurables; £1000 to Monkstown Hospital; £500 to the Convalescent Home, Monkstown; £500 to the Richmond Blind Institution; £500 to the City of Dublin Hospital; £500 to Adelaide Hospital; and £500 to St. Mark's Ophthalmic Hospital, Dublin.

FOOTBALL CASUALTIES.—On Saturday, during a match between Pudsey and Mytholmroyd, on the ground of the latter, a young man named Pugh, one of the home team, sustained a fracture of the shoulder-blade.—A football player named Hill, on Saturday, engaged in a match between Torquay Athletic and Paignton Scarlet Runners, had his leg fractured.

INFLUENZA.—In reply to a question by Mr. Cobb as to whether any official inquiry had been held or evidence collected as to the causes of the recent epidemic of influenza, Mr. Ritchie, President of the Local Government Board, replied that inquiry was now being conducted, but that the board were not in a position to draw up a statement on the subject, and had no intention of giving instructions for treatment.

CITY OF LONDON TRUSS SOCIETY.—During the past year 10,065 patients of both sexes had been assisted with trusses—the largest number ever relieved through the Society's agency in the course of twelve months. The total income amounted to £4685 8*s.* and the disbursements to £5074 8*s.* 10*d.*; the total increase, compared with the corresponding total a year since, has been largely due to the additional number of patients relieved.

NEWPORT AND COUNTY INFIRMARY.—The annual report for 1889 shows that the income of the charity continued to be well maintained. The annual subscriptions and collections had both increased. On the general account the receipts for the year were £2492 6*s.* 8*d.*, but a balance due to the treasurer at the end of 1888 was slightly more—viz., from £157 9*s.* 6*d.* to £174 13*s.* 8*d.* The in- and out-patients were respectively 327 and 1640.

WREXHAM INFIRMARY.—The annual report (the fifty-seventh) shows there had been a slight increase in the admission of in-patients during the past year, and 1033 out-patients had received the benefit of the dispensary department. The prominent feature of the year's work was the opening of the Jubilee wards, towards which £446 18*s.* 10*d.* was subscribed. Of this sum £134 3*s.* 0*d.* had been contributed by workmen.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY. The general report for 1889 states that the number of patients received during the year was in excess of either of the two previous years. The provident dispensary shows an addition of upwards of 100 members. The subscriptions were slightly in excess of 1888, but the Hospital Sunday collections amounted to only £266—the smallest sum contributed for the past fourteen years, the average having been £400. The balance sheet exhibited a small deficit. The condition of the mortuary and the wards for infectious cases was not satisfactory, and improvements only awaited the necessary funds.

HOUSEHOLD WARMING AND VENTILATION.—Sir Douglas Galton, K.C.B. &c., presided on Tuesday last at a lecture on this subject, given under the auspices of the Sanitary Assurance Association at the College of State Medicine, Great Russell-street, by Professor T. Roger Smith, F.R.I.B.A. The chairman said he thought if they could only heat dwelling-houses thoroughly without poisoning the atmosphere with smoke great good would be done. In the course of the lecture Professor Smith dwelt at some length upon the importance of ventilation without draughts. An open fire-grate was a good ventilator, especially when the fire was alight; but he was afraid that as long as the open grate was used for warming houses, it would be impossible to thoroughly deal with the question of smoke abatement. Sir Joseph Fayrer, in moving a vote of thanks to the lecturer, said he should deprecate very strongly any attempt to do away with the cheerful open grate.

COTTAGE HOSPITALS.—*Dawlish:* The report for 1889 shows the income during the year to have been £366 10*s.*; a small balance remained in hand. Seventy-five patients had been admitted, and 292 cases had also been treated. The provident principle in the institution was gradually progressing.—*Bromsgrove:* During last year the number of patients treated was sixty-one. The balance sheet exhibits a reduction of the debit balance, which now amounts to £33 14*s.* 6*d.* The donations promised to erect a new hospital amount to upwards of £1300.—*Dartmouth:* Thirty-six patients were admitted during the year 1889. The receipts were £354, and the expenditure £247. The committee had resolved to invest £100.—*Luton:* The admission of patients during the past year numbered 107. Many cases had been taken in free, and although there was an increase of patients the fees were less than the previous year.—*Walsall:* In-patients to the number of 407, 3432 out-patients, and 7049 casualties were attended to during the past year. The financial position was on the whole satisfactory.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ALLDEN, SIDNEY J., M.B., B.S. Dur., has been appointed House Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

BAILEY, H. R., M.D. Brussels, M.R.C.S., has been reappointed Medical Officer for the Spittlegate District of the Grantham Union.

BERRY, H. P., M.B. Lond., M.R.C.S., has been reappointed Medical Officer for the Grantham Union District.

BRUCE, R.M., M.R.C.S., L.S.A., has been appointed Medical Superintendent of the Western Fever Hospital, Seagrave-road, Fulham, vice Sweeting, resigned.

COLGATE, H., M.D. Lond., L.R.C.P., has been reappointed Medical Officer to the Eastbourne Memorial Hospital.

COLGATE, R., F.R.C.S., has been reappointed Consulting Medical Officer to the Eastbourne Memorial Hospital.

COLLIE, F. L., M.D. Aberd., M.B., C.M., has been appointed House Surgeon to the Addington Hospital, Durban.

COLLINS, MICHAEL J., L.R.C.S. Edin., has been appointed Surgeon Superintendent to the Peak Downs District Hospital, Clermont, Queensland.

CUTHBERT, H. P., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Clun-side Division of the Clun Union.

FARNELL, H. D., F.R.C.S., has been reappointed Medical Officer to the Eastbourne Memorial Hospital.

FIRTH, J. LACY, M.D. Lond., M.R.C.S., has been appointed House Surgeon to the Royal Berks Hospital, Reading.

FORAN, J. C., L.D.S.R.C.S. Irel., has been reappointed Dental Surgeon to the Eastbourne Memorial Hospital.

GRIFFITH, A. L., M.D. St. And., M.R.C.S., has been appointed Medical Officer for Kensal Town.

GROTH, ERNST, M.D., L.R.C.P. Lond., has been appointed Honorary Physician to the Western Dispensary, in connexion with the German Hospital, Dalston, vice M. Castañeda, M.B. Lond., resigned.

HARGOOD, H., M.D. Brussels, L.R.C.P. Lond., has been reappointed Medical Officer to the Eastbourne Memorial Hospital.

HAYMAN, C. N., M.B., C.M. Edin., has been reappointed Medical Officer to the Eastbourne Memorial Hospital.

HILLIS, JOHN D., F.R.C.S., has been appointed Surgeon to the Throat Hospital, Dublin.

JEFFERY, G. A., M.D. St. And., M.R.C.S., has been reappointed Consulting Medical Officer to the Eastbourne Memorial Hospital.

LOUGH, J. J., M.B., L.R.C.S. Irel., of Colebroke-row, Islington, has been appointed Consulting Physician to the Royal Masonic Institution for Boys, Wood Green.

MACLEAN, EWEN J., M.B., C.M. Edin., has been appointed House Surgeon to the Bristol Hospital for Sick Children and Women, vice J. Lockhart Livingston, M.D.

MACQUEEN, T. M.B., C.M. Edin., has been reappointed Medical Officer to the Eastbourne Memorial Hospital.

MARSDIN, F. M.B. Lond., L.R.C.P., F.R.C.S., has been reappointed Medical Officer to the Eastbourne Memorial Hospital.

MCCAUSLAND, A., M.D., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer of Health and Surgeon to the Trinity House for Swanage, vice J. F. Somerville, resigned.

MORRISON, ALEX. THOMSON, M.B., B.Ch., B.A.O., Roy. Univ. Irel., has been appointed House Surgeon to the Buckinghamshire General Infirmary.

NEWCOMBE, F., M.R.C.S., L.S.A., has been reappointed Medical Officer and Public Vaccinator for the Ancaster District of the Grantham Union.

NEWMAN, H. T., M.D., L.R.C.S. Irel., has been appointed Medical Officer for the Audlem District of the Nantwich Union.

ORR, ANDREW AYLMER, M.B. Oxon., M.R.C.S., has been appointed Anæsthetist to the Chelsea Hospital for Women.

ROBERTS, R., M.D. St. And., M.K.Q.C.P. Irel., M.R.C.S., has been reappointed Consulting Medical Officer to the Eastbourne Memorial Hospital.

SHERWOOD, A. P., L.R.C.P. Lond., M.R.C.S., has been reappointed Medical Officer to the Eastbourne Memorial Hospital.

TURNER, ARTHUR, L.D.S. Edin., has been appointed Honorary Dental Surgeon to the Buckinghamshire General Infirmary.

WHATFORD, J. H., L.D.S.R.C.S. Eng., has been reappointed Dental Surgeon to the Eastbourne Memorial Hospital.

WILSON, ALBERT, L.R.C.P. Lond., M.R.C.S., has been reappointed Medical Officer for the East District, Kingston-upon-Hull.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Assistant Physician.

FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's-buildings, Holborn, E.C.—Honorary Surgeon.

FINSBURY DISPENSARY, Brewer-street, Goswell-road, E.C.—Surgeon. A salary of £40 per annum will be paid on certain conditions.

HAMPSTEAD PROVIDENT DISPENSARY, New End.—Medical Officer.

LIVERPOOL NORTHERN HOSPITAL.—House Physician. Salary £80 per annum, with residence and maintenance in the house.

LUTON FRIENDLY SOCIETIES' MEDICAL INSTITUTE.—Assistant Medical Officer. Salary commencing at £120 per annum, and rising £10 per annum till it amounts to £150.

NATIONAL DENTAL HOSPITAL, Great Portland-street, W.—House Surgeon. Also Assistant Dental Surgeon.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen-square, Bloomsbury.—Senior and Junior House Physicians respectively. Salary of the former £100 per annum, and of the latter £50 per annum. In each case board and apartments are provided in the hospital.

NORTH STAFFORDSHIRE INFIRMARY.—House Physician. Salary £100 per annum, increasing £10 per annum at the discretion of the Committee, with furnished apartments, board, and washing.

OWENS COLLEGE, Manchester.—Lecturer on Diseases of the Larynx.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road, London.—Resident Medical Officer for six months. Salary at the rate of £100 per annum, with furnished apartments and board.

ROYAL SURREY COUNTY HOSPITAL.—House Surgeon. Salary £80 per annum, with board, lodging, and washing.

WOLVERHAMPTON EYE INFIRMARY.—Resident Assistant. No salary but rooms, with board and washing.

Births, Marriages, and Deaths.

BIRTHS.

CAHILL.—On Feb. 10th, at Seville-street, Lowndes-square, S.W., the wife of John Cahill, F.R.C.S., of a son.

CAMPBELL.—On Feb. 8th, at Kirkstall-road, Streatham-hill, the wife of Henry Johnstone Campbell, M.B., of a daughter.

CHILLINGWORTH.—On Feb. 6th, at St. Peter's, Bedford, the wife of Andrew Chillingworth, M.R.C.S., L.R.C.P., of a son.

COWARD.—On Feb. 1st, at Burdett-road, Limehouse, E., the wife of Christopher T. Coward, Surgeon, of a son.

DANE.—On Jan. 16th, at Sehore, Central India, the wife of Surgeon-Major A. Dane, M.D., F.R.C.S.I., of a daughter.

NAPPER.—On Feb. 4th, at Broad Oak, Cranleigh, the wife of A. Arthur Napper, M.R.C.S., of a son.

O'BRIEN.—On Jan. 29th, at St. John's Villas, Kew-road, Richmond, Surrey, the wife of Moriarty O'Brien, M.B. Lond., of a daughter.

OPIE.—On Feb. 3rd, at Trevose, Beckenham-road, Penge, the wife of Edward A. Opie, M.B., of a daughter.

PETTY.—On Jan. 7th, at Campana, Argentine Republic, the wife of Dr. Petty, of a daughter (prematurely).

WOODS.—On Feb. 9th, at Paulton, Somerset, EVA, wife of Frank Woods, L.R.C.P. Lond., M.R.C.S., of a son.

YEOMAN.—On Feb. 7th, at La Noria, Beaumaris, the wife of Charles Yeoman, M.B., B.C. Cantab., of a son.

MARRIAGES.

BREW—CORNWELL.—On Feb. 6th, at the Parish Church, Scaldwell, Northamptonshire, by the Rector, Rev. T. C. B. Cornwell, father of the bride, Richard Hugh Brew, L.R.C.P., L.R.C.S. Ed., of 99, Bloomsbury-street, Birmingham, to Dora Vere Cornwell.

MANTLE—DEVAS.—On Feb. 11th, at Christ Church, Mayfair, Alfred Mantle, M.D., of Stanley, Durham, to Edith Frances, daughter of Charles F. Devas, Esq., of Pickhurst Manor, Hayes, Kent.

MILLS—WHITTINGDALE.—On Jan. 18th, at St. Peter's Church, Saugor, Central Provinces, India, Bernard Langley Mills, F.R.C.S., Medical Staff, only son of the late Rev. R. Twyford Mills, Rector of Helse, Somerset, to Florence Addis Louisa, second daughter of late Lt.-Gen. W. H. Fresse, Madras Army, and widow of the late Capt. T. Y. Whittingdale, 5th Fusiliers.

MULOCK—CHUTE.—On Feb. 4th, at Christ Church, St. Marylebone Edward R. Mulock, Staff-surgeon, H.M.S. *Assistance*, and son of the late Thomas Mulock, Esq., of Kilnagarna, King's county, to Georgina, daughter of the late Rev. George Chute, of Roxborough, county Kerry, and Vicar of Market Drayton, Salop.

SAUNDERS—GIBSON.—On Feb. 12th, at St. Stephen's, Gloucester-road, Frederick W. Saunders, M.R.C.S. &c., youngest son of Deputy Inspector-General George Saunders, M.D., C.B., to Millie, elder daughter of the late George Gibson, of Buenos Ayres and King's Lynn, and of Mrs. Tarvis.

SCOTT—SCOTT.—On Feb. 11th, at All Souls', Harlesden, Sack Noy, L.R.C.P. Lond., M.R.C.S., of Lewisham, Kent, eldest son of the late Sack Noy Scott, of St. Austell, Cornwall, to Ida Lilian Rebecca, eldest daughter of Mr. R. Scott, of Connaught House, Harlesden.

DEATHS.

DAY.—On Feb. 4th, at Davos-Platz, Switzerland, Stewart Butler Day, sixth son of William and Elizabeth Day, late Resident Medical Officer to the Quebrada Railway and Copper Company, Venezuela, in his 30th year.

HARRIS.—On Feb. 7th, suddenly, at Northiam, Sussex, Charles Harris, M.D. St. And., M.R.C.S.

METCALFE.—On Feb. 5th, at Brighton, James Bell Metcalfe, M.D., aged 75.

PARSON.—On Feb. 2nd, at King's-terrace, Southsea, Edward Kent Parson, M.R.C.S. J.P., aged 69.

POLLARD.—On Feb. 5th, at Brompton-square, Edward William Pollard, M.R.C.S., last surviving son of the late Robert Blemell Pollard, of Blemell House, Brompton, aged 32.

STAFFORD.—On Feb. 6th, at Market Deeping, Thomas Edward Stafford, L.R.C.P., M.R.C.S., eldest son of Thomas Stafford, Marnham, Notts, in his 46th year.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 17.

CHARING-CROSS HOSPITAL.—Operations, 3 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.
LONDON POST-GRADUATE COURSE (Royal London Ophthalmic Hospital, Moorfields).—1 P.M. Mr. Marcus Gunn: External Diseases of the Eye.
LONDON POST-GRADUATE COURSE (Hospital for Sick Children, Great Ormond-street, Bloomsbury).—4 P.M. Mr. Bernard Pitts: The Modern Treatment of certain Surgical Deformities in Children.
THE THROAT HOSPITAL (Golden-square, W.).—5.30 P.M. Dr. R. Norris Wolfenden: Laryngeal Growths.
SOCIETY OF ARTS.—8 P.M. Mr. T. Bolas: Stereotyping. (Cantor Lecture.)
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Gilbart Smith will open a Discussion on Influenza.

Tuesday, February 18.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.
GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. G. J. Romanes: The Post-Darwinian Period.
LONDON POST-GRADUATE COURSE (Hospital for Diseases of the Skin, Blackfriars).—4 P.M. Mr. Jonathan Hutchinson: Leprosy.
SOCIETY OF ARTS.—5 P.M. Mr. J. H. Heaton: Ocean Penny Postage, &c.
ROYAL STATISTICAL SOCIETY (Royal School of Mines, Jermyn-st., S.W.).—7.45 P.M. Mr. N. A. Humphreys: Statistics of Insanity in England.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Colman: (1) Compression Myelitis, with Ascending and Descending Degenerations; (2) A Second Case, without Secondary Degenerations.—Dr. West: Large Cancerous Tumours of the Omentum, with Miliary Cancer of the Peritoneum and Mesentery.—Mr. Croft: Aneurysm of Popliteal Artery, associated with Sarcoma.—Mr. Willett: Embolic Aneurysm of Gluteal Artery.—Mr. Eve: Ancient Egyptian Bones with Rheumatic Periostitis, and Senile Symmetrical Atrophy of Skulls.—Mr. Johnson: Two cases of Persistent Thyroid Duct.—Dr. Dalton: Chronic Lateral Invagination of the Colon following a small Cancerous Tumour. Card Specimens:—Dr. Mackenzie: Meckel's Diverticulum producing Strangulation.—Dr. Dalton: Œsophagus and Stomach from a case of Carbolic Acid Poisoning.

Wednesday, February 19.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M. Operations by the Obstetric Physicians on Thursdays at 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.
LONDON POST-GRADUATE COURSE (Hospital for Consumption and Diseases of the Chest, Brompton).—4 P.M. Dr. F. T. Roberts: Morbid Conditions of the Pleura.
THE THROAT HOSPITAL (Golden-square, W.).—5.30 P.M. Dr. Greville MacDonald: Rhinitis.
LONDON POST-GRADUATE COURSE (Royal London Ophthalmic Hospital, Moorfields).—8 P.M. Mr. Quarry Silcock: Ophthalmoscopic Cases.
SOCIETY OF ARTS.—8 P.M. Prof. Sylvanus P. Thompson: The Organisation of Secondary and Technical Education in London.

Thursday, February 20.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.
LONDON POST-GRADUATE COURSE (National Hospital for the Paralysed and the Epileptic, Queen-square, Bloomsbury).—2 P.M. Dr. Bastian: Some Points in Prognosis and Treatment in cases of Hemiplegia.
ROYAL INSTITUTION.—3 P.M. Rev. Canon Ainger: The Three Stages of Shakspeare's Art.
LONDON POST-GRADUATE COURSE (Hospital for Sick Children, Great Ormond-street, Bloomsbury).—4 P.M. Mr. Bernard Pitts: The Modern Treatment of certain Surgical Deformities in Children.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Mr. W. H. A. Jacobson: The Surgical Sequelæ of Fevers.
NEUROLOGICAL SOCIETY OF LONDON (National Hospital, Queen-sq.).—8.30 P.M. Discussion on "Treatment by Suspension." Papers by Drs. Russell and Taylor, Dr. Sherrington, and Dr. de Watteville.

Friday, February 21.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
LONDON POST-GRADUATE COURSE (Hospital for Consumption and Diseases of the Chest, Brompton).—4 P.M. Dr. F. T. Roberts: Morbid Conditions of the Pleura.
THE CANCER HOSPITAL (FREE), FULHAM-ROAD, BROMPTON, S.W.—4 P.M. Dr. Purcell: Cancer of the Tongue.
ROYAL INSTITUTION.—9 P.M. Mr. Shelford Bidwell: Magnetic Phenomena.

Saturday, February 22.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.
LONDON POST-GRADUATE COURSE (Hospital for Diseases of the Skin, Blackfriars).—2 P.M. Dr. Payne: Ringworm, its Recognition and Treatment.
ROYAL INSTITUTION.—3 P.M. Lord Rayleigh: Electricity and Magnetism.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, February 13th, 1890.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
Feb. 7	30·41	E.	41	38	47	44	37	·02	Overcast
,, 8	30·41	E.	35	33	76	44	33	..	Cloudy
,, 9	30·24	N.E.	39	36	49	40	35	..	Cloudy
,, 10	30·26	E.	34	33	64	44	33	..	Foggy
,, 11	30·31	E.	34	33	70	44	32	..	Foggy
,, 12	30·02	S.E.	38	..	67	41	32	..	Bright
,, 13	29·71	S.E.	33	..	64	41	31	..	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

FOOTBALL CASUALTIES DURING THE PAST FIVE MONTHS.

WE are indebted to a correspondent for the following list of football casualties in the present season, commencing the first week in September last, to the third week in the past month of January, taken from a carefully tabulated record of such casualties as have been publicly announced:—*Deaths*, 13. *Fractures:* Legs, 15; arms, 4; collar-bones, 11. *Injuries:* Spines, 3; nose, 1; knee, 1; ankle, 1; cheek, 1.

Dr. Alex. Harkin (Belfast).—We regret to be unable to find space for the paper, but the method advocated has received sufficient notice at our hands. We would suggest the publication of the article in the Indian medical journals, as likely to command more immediate interest. The cases quoted in the paper certainly point to the desirability of the method being fairly tried by competent observers.

Mr. L. J. May.—We do not perceive that "M.D. Metrop." would have any distinct advantage over "M.D. Albert Univ."

THE LATE SIR WILLIAM GULL.

To the Editors of THE LANCET.

SIRS,—As a boy I was a pupil of the late Sir Wm. Gull at a school in Bermondsey, and also at Lewes in Sussex, where he was usher; also his pupil at Guy's, when he was tutor there. He left the school at Lewes to enter at Guy's in the year 1837, and was then twenty-one, and not "a stripling of eighteen," as stated in a daily paper. At Lewes he gave much time and attention to botany, and I often joined him and the great botanist, Mr. Joseph Woods, in their botanical excursions.

I am, Sirs, yours truly,

London, Feb. 5th, 1890. B.A. & M.B.LOND.

THE "DERBYSHIRE" RESPIRATOR.

MISS DRANFIELD of Nottingham sends us some specimens of respirators devised by herself, for which the advantages of lightness and ready cleansibility are claimed. The respirator is constructed of two layers of knitted wool, between which is placed a thin plate of wire gauze and some cotton-wool, intended for the reception of any antiseptic agent. The simplicity of its construction and the small cost at which it may be procured are also points to be considered in addition to the very obvious ones named above. The respirator is devised especially for use by *employés* engaged in occupations attended by the exhalation of noxious fumes. We have no doubt that it fulfils all that is required of it.

Mr. John Weller (Amersham).—An opportunity must be given us of inspecting the apparatus before a notice appears.

Assistant.—The fee can be claimed by the principal, unless there be a stipulation to invalidate such claim.

"BLACKMAILING CLUB DOCTORS."

To the Editors of THE LANCET.

SIRS,—Having had some considerable experience with clubs and friendly societies, I would strongly advise "A Club Doctor" to most decidedly refuse to pay the bill. According to the facts of the case, the claim is "vexatious and unreasonable," and I feel a decision to that effect would be given in any court of law to which the case might be referred. Your correspondent has done all, under the circumstances, that could be required of him, and were I in his position the county court should decide the question. The point is one of great importance to club doctors, and a legal decision would no doubt be hailed with satisfaction by many members of the profession, who, as a rule, meet with scant courtesy, or even justice, from the genus "club man."

I am, Sirs, yours faithfully,

Feb. 18th, 1890. A FORMER CLUB SURGEON.

To the Editors of THE LANCET.

SIRS,—May I through your columns inform "A Club Doctor" that his patient, who was accidentally forgotten, has no grounds of action against him at all? The doctor did not enter into any contract with the patient individually; the contract was between the doctor and the club. The patient can only make a formal complaint to the club, who can, of course, take what steps they think necessary concerning the breach of contract. I think, however, there is no doubt that this body will be quite content with what the doctor has offered.

I am, Sirs, yours faithfully,

West Norwood, S.E., Feb. 10th, 1890. JOHN B. HARRIS, M.D.

THE BETHNAL-GREEN PROVIDENT AID SOCIETY.—GRAND TOUTING PRIZE!

A SUM of £20 is to be given away; £10 for the one that shall persuade the largest number to join before June 30th. The subscription is: Single person, 1*d.* per week; husband, wife, and all children under fifteen years of age, 2*d.* per week. Midwifery, 7*s.* 6*d.* Eleven reasons are given for joining, some of which are not creditable, two in particular: Reason 2. Because the subscription is smaller than in any other society of the kind; Reason 4. Because in this Society no questions are asked as to what wages you are earning. This is thoroughly bad. It is boasted that this is no pauper charity. It certainly tends to pauperise and degrade medical men, and does not tend to elevate the working classes. We are not favoured with the name of the medical man on the touting handbills, but we are sorry to note that a reverend gentleman is president.

Dr. H. Stretton.—1. Prudence certainly would suggest that her marriage be prohibited.—2. The general view is that leprosy is communicable from parents to offspring.

DOUBLE DISLOCATION OF THE SHOULDERS.

To the Editors of THE LANCET.

SIRS,—When in charge of St. Bartholomew's Hospital, Chatham, about 1866 or 1867, a man came under my care with dislocation downwards (I fancy it was) of both humeri. I understood the dislocations were brought about by direct muscular action, and had often occurred before. The reduction was by no means easy, as the man had to be put under chloroform.—I am, Sirs, your obedient servant,

Surbiton, Jan., 1890. F. P. ATKINSON, M.D.

THE MASON DEFENCE FUND.

To the Editors of THE LANCET.

SIRS,—In addition to the total sum of £15 14*s.* 6*d.* kindly acknowledged in your journal in aid of this fund, would you kindly add a guinea from a Member of the Colchester Medical Society, and permit me to mention that no further subscriptions will be received when this month closes.

I am, Sirs, yours faithfully,

GEORGE BROWN, M.D.,
Hon. Sec. Colchester Med. Society.

Headgate, Colchester, Feb. 12th, 1890.

JAPANESE MARRIAGE.

AT the Sanitary Association of Japan, Dr. Nagayo Sensai recently called attention to the fact that the modern method of choosing a wife in that country was not satisfactory. Formerly the choice of a wife devolved exclusively on parents or middlemen. The antecedents of the girl were thoroughly scrutinised, and care was taken to keep clear of families tainted with any kind of hereditary disease. Whenever men chose wives for themselves, beauty, and not health or property, influenced their choice, and according to Japanese ideas beauty and frailty were inseparably connected with each other. The belle of ancient times had a white face, a long, slender throat and neck, a narrow chest, small thighs, and small feet and hands—a description which corresponded with that of a consumptive person. Dr. Nagayo thought the man chosen should be one careful of his personal appearance, averse to slovenly habits, having good bones and sinews, a broad chest, and a loud voice; his eyes should glisten, and his face be ruddy. In the choice of a wife a man should look for a girl with clear eyes, a distinct voice, a ruddy face, a well-developed chest, and bones well covered with flesh. The paper, it will be seen, is something of a curiosity as an illustration of the extraordinary absence of romance which characterises the usual Japanese method of treating such questions.

H. D. F.—There should be no difficulty in the matter if the muzzle be properly constructed.

Mr. Robert O'Callaghan, F.R.C.S. (Carlow).—The report will appear in an early number.

Cosmopolitan has forgotten to enclose his card.

THE "CAUSATION OF DISEASE."

To the Editors of THE LANCET.

SIRS,—In the very generous notice of my book in your last issue the reviewer does not quite completely gather the meaning of my term "internal-cell-environment." Will you therefore allow me to say that I consider the environment of the multi-cellular organism under two heads—the external-body-environment, and the internal-cell-environment? The former embraces all those agencies which strike upon the body from without—i.e., through the skin or (in the case of such an organism as MAN) the mucous membranes which, strictly speaking, cover the exterior of the body. The latter embraces the influences which strike upon each individual cell from within. Thus the environment of a nerve-ganglion-cell is made up of influences operating upon the cell through the medium of the plasma bathing it, and of the nervous impulses which reach it by means of the cell processes.

I am, Sirs, faithfully yours,

Guilford-street, Feb. 10th, 1890. HARRY CAMPBELL.

PROFESSIONAL OVERPLUS IN GERMANY.

THE supply of medical practitioners is beginning to exceed the demand in several continental countries, notably in Germany, where professional education (not in medicine alone) is exceptionally cheap. Take the town of Nürnberg, for example. Its population is about 130,000 souls, and its medical practitioners are no fewer than eighty. Add to this that the bulk of the people are artisans or day labourers, whose medical requirements are provided for at an extremely low rate from the Hülfskasse, or relief fund, to which nearly all that class subscribes. The small margin of gain thus left to the general practitioner does not, however, deter other aspirants from the profession, Nürnberg alone numbering twenty new practitioners since 1888.

THE MOON FUND.

To the Editors of THE LANCET.

SIRS,—Kindly insert the following list of subscriptions to the above fund in your next issue:—

C. H. Golding-Bird, F.R.C.S., £2 2*s.*; Claude Wilson, M.D., £1 1*s.*; Victor A. Jaynes, M.R.C.S., £1 1*s.*; Jno. Rand, F.R.C.S., £1 1*s.*; Maurice G. Evans, M.D., £1 1*s.*; H. A. Latimer, M.R.C.S., 10*s.* 6*d.*—total, £6 16*s.* 6*d.* Subscriptions previously announced, £112.

I am, Sirs, yours faithfully,

PETER HORROCKS, M.D.,
26, St. Thomas's-street, S.E., Feb. 11th, 1890. Hon. Treasurer.

"MEDICAL EXPERT EVIDENCE."

WE have received from Messrs. Wade, Bilbrough, Booth, and Co., of Bradford, solicitors for the appellant in the case at Bradford on which we commented in our issue of Jan. 25th, a letter in which our correspondents disclaim having had any share in the alleged request to the Recorder to "apply for a medical assessor." The point appears to us to be one of small importance. The general question raised by the case—that, namely, of the desirability of experts giving evidence on behalf of the court, rather than in the interest of either party to a suit—was the one to which we desired to call attention.

Mr. M. de Bentley.—If a specimen of the appliance be forwarded, it shall have attention.

THE MAINTENANCE OF PAUPER LUNATICS IN ITALY.

In the Manicomio at Brescia died, on the 1st inst., the Nestor of its inmates, one Giovanni Vimercati, born in 1808, a blacksmith by trade. He was admitted at the close of 1842 for *delirium tremens*, or the *frenesia alcoolica* of Italian text-books, and was not set at liberty till 1852. A few weeks thereafter his malady again got the better of him, and with such lasting effects that on being readmitted into the asylum he never left it till the day of his death. His maintenance (3 franc 45 centimes *per diem*) cost the management 25,131 fr. 40 cts., or, in English money, £1005 5*s.* 4*d.*

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Alfred Carpenter, Croydon; Sir Henry Thompson, London; Dr. Hughlings Jackson, London; Dr. G. Brown, Colchester; Dr. Theodore Williams, London; Dr. J. MacCormac, Belfast; Dr. Sansom, London; Dr. McDermott, Newry; Mr. H. E. Watts, London; Messrs. Morson and Sons, London; Mr. J. Weller, Amersham; Messrs. Gallais and Co., Piccadilly; Dr. A. T. Morrison, Aylesbury; Messrs. Lancaster and Tonge, Pendleton; Mr. A. Haviland, Douglas; Messrs. Allen and Hanbury, London; Mr. L. J. May, London; Messrs. Stollwerck Brothers, London; Dr. Saundby, Birmingham; Messrs. Lippincott and Co., Philadelphia; Dr. G. Thompson, Stapleton; Messrs. F. L. May and Co., Piccadilly; Dr. Lionel Beale; Messrs. Wade, Bilbrough, Booth, and Co., Bradford; Dr. Alford, Taunton; Dr. Squire, London; Dr. More Madden, Dublin; Dr. E. T. Neve, Kashmir; Dr. Shand, Edinburgh; Mr. Coles, Bow; Mr. Russell, Liverpool; Mr. Brown, Newcastle-on-Tyne; Rev. Mr. Tooth, Croydon; Mr. Campbell, London; Mr. Leigh, Somerset; Messrs. Walford, London; Mr. Eskrigge, Royston; Mr. H. Green, London; Mr. Burke, Wolverhampton; Messrs. Wright and Co., Bristol; Mr. Knott, Dublin; Mr. Price, Carnarvon; Messrs. Griffin and Co., London; Mr. Brown, Victoria, N.S.W.; Messrs. Castle and Lamb, London; Mr. Lead, Leicester; Mr. Heaton, Hyde-park-corner; Mr. Salisbury, Leicester; Dr. J. S. Coleman, Augusta, U.S.A.; Dr. Lloyd Roberts, Denbigh; Dr. Steele, Rome; Dr. Mouritz, Hawaii; Mr. D'Arcy Power, London; Mr. Hensley, Jersey; Dr. Puchl, Austria; Mr. Jordan Lloyd, Birmingham; Mr. Feldmann, London; Mr. Thorne, Brighton; Mr. Griffith, London; Mr. Somers, Holbeach; Dr. A. Porter, Cheltenham; Dr. Harkin, Belfast; Mr. Jennings, London; Dr. H. L. Gordon, Bradford; Mr. Paley, Brighton; Dr. S. M. Copeman, London; Dr. A. Green, Gateshead; Mr. A. Carter, London; Dr. Littlejohn, Edinburgh; Dr. J. B. Harris, London; Mr. T. Laffan, Cashel; Dr. Harry Campbell, London; Dr. G. H. Burford, London; Messrs. Stent and Sons, Guildford; Mr. Varley, Lavenham; Dr. Charteris; Dr. Edward Seaton, London; Mr. Smith, Drogheda; Dr. Mott; Messrs. Christy and Co., London; Mr. Frost, London; Mr. Toogood; Messrs. Thurbers and Co., London; Mr. Ruck, Weston-super-Mare; Messrs. G. Street and Co., London; Mr. Oldam, Liverpool; Mr. Crasweller, Highbury; Dr. B. Squire, London; Dr. Ransome, Bowdon; Messrs. Lee and Martin, Birmingham; Dr. J. F. Little, London; Messrs. Hopkinson and Co., Notts; Dr. J. Anderson, London; Dr. Hawkes; Dr. Dudley Buxton, London; Dr. Silk, London; Dr. Knott, Dublin; Mr. Alban Doran, London; Dr. Horrocks, London; Drs. McKendrick, Coats, and Newman, Glasgow; Dr. Stretton, Downend; Mr. Abbott; Mr. E. du Cane, London; Mr. C. O. Sharp, London; Dr. J. F. Payne, London; Mr. Callaghan, Carlow; Mr. F. A. Davis, London; Mr. Hornibrook, London; Mr. Heath, London; Mr. Rowe, London; Dr. Hutchinson, co. Durham; Mr. Coates, London; Mr. Harild, London; Mr. W. H. Bennett, London; Dr. T. Acland, London; Secretary, Farringdon General Dispensary; H. D. F.; D. A., Kensington; A Former Club Surgeon; O. L., London; Surgeon Y., London; Secretary, Queen's Hospital, Birmingham; Carriage, London; The Manager, Ceylon Office, London; Steam Cocoa Manufactory, Holland; Secretary, Liverpool Northern Hospital.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Ashen, Hounslow; Mr. Paget, Salford; Mr. Bonar, Bristol; Messrs. Squire and Son, London; Mr. Culleton, London; Messrs. Burroughs and Co., Holborn-viaduct; Mr. Ungent, Cookstown; Messrs. Woodhouse and Co., London; Mr. Owen, Redditch; Messrs. Giles, Schacht, and Co., Clifton; Mr. Tyte, Minchinhampton; Messrs. Schweitzer and Co., London; Mr. Grevill, Staffs; Mr. Netherton; Mr. Newton, East Finchley; Mr. Tully, Hastings; Mr. Jones, Dowlais; Messrs. Wyleys and Co., London; Dr. Fitzgerald, Cookstown; Mr. Holmes, Canningtown; Mr. Percy, Alnwick; Mr. Hutchinson, Widnes; Mrs. Millard, Reading; Mr. Skule, Cambridge; Dr. Eady, Caterham; Mr. Tresise, Burton-on-Trent; Dr. McClean, Walthamstow; Messrs. Essinger and Co., London; Dr. Liveing, London; Mr. Stocker, Maidenhead; M. Le Luberne, Paris; Mr. Findlay, Sheffield; Messrs. Merryweather and Simpson, Gisburgh; Mr. Saberton, Manchester; Messrs. Oliver and Boyd, Edinburgh; Mr. Hickie, Reading; Dr. Cant; Messrs. Bell and Bradfute, Edinburgh; Dr. Davies, Wolverhampton; Messrs. Bird and Co., London; Mr. Staveley, London; Mr. Stanley, Newport; Mr. White, Bradford; Mr. Hepburn, Coxhoe; Mrs. Marriner, Lancashire; Miss Francis, Cardiff; Mr. Smith, Monmouth; Dr. Zannetos, Cyprus; Major Pead, Dulwich; Mr. Paine, Worthing; Mr. Heasley, Jersey; Mr. Ramsdale, Eccles; Dr. Purcell, London; Mr. Holt, Stoke-on-Trent; Mr. Brown, Liverpool; Mr. Vachell, Newport; Mr. Morton, Sheffield; Dr. Saunders, Yorks; Mr. Moss, Oldham; Messrs. Evans and Co., Swansea; Mr. Beresford, Dewsbury; Mr. Saunders, South Kensington; Mr. Heywood, Manchester; Messrs. Maclachlan and Co., Edinburgh; Mr. Ross, Surrey; Mr. Nicol, Glasgow; Messrs. Slinger and Son, York; Mr. Baneti, Folkestone; Miss Gray, Lavender-hill; Mr. Jackson, Yorks; Mr. Butcher, London; Mr. Brew, Bournemouth; E. P., Brighton; H. T., Ashford; Medicus P., London; Surgeon R., London; Nurses' Association, Hampstead; Hermes, London; M.D., Yorks; T., Oldham; H., Manchester; Balcomb, London; O. D. A., London; D. A., London; Beta, London; Zeta, Ramsgate; Forceps, Mile-end; Rusway, London; J. K. F., London; Secretary, General Hospital, Birmingham; C. B., Taunton; Health, London; Omicron, London; Hopeful, London; Dr. H., London; General Apothecaries' Co., London; E. S. M., Edinburgh; L. D. D., Dunstable; Hackney Furnishing Co., London; Medicus, Sheffield; Kappa, London; Lady Supt., Children's Hosp., Manchester; A. B. S., London; Freemason 1702, London; General Medical Council Office, London; Mother's Help, London; M.R.C.S., London; Superintendent, Newcastle-on-Tyne; Medicus, Manchester; J. H. B., Bradford; A. B. C., Wigmore-street; Nucleus, London; Rex, London; Alpha, Bradford; Medical Practitioner, Kilburn; Delta, London; Veritas, Hants; M.B., Southport; S. W., College-park; W. C. H., Middlesbrough; C., Anerley.

NEWSPAPERS.—*Weekly Chronicle (Newcastle-on-Tyne), Liverpool Daily Post, Bacup and Rossendale News, Bristol Mercury, City Press, Sunday Times, Leeds Mercury, New York Herald (London), Lincoln Gazette, Daily Chronicle, Surrey Advertiser, Metropolitan, Weekly Free Press and Aberdeen Herald, Worcester Daily Times, Weston Figaro, Health, West Middlesex Advertiser, Reading Mercury, Mining Journal, Bucks Advertiser and Aylesbury News, Windsor and Eton Express, Egyptian Gazette, Hertfordshire Mercury, Evening News and Post, Charity Record, Daily Graphic, Bakers' Times, Builder, Glasgow Evening Citizen, Broad Arrow, Kilkenny Journal, Chemist and Druggist, Sheffield Daily Telegraph, West Middlesex Standard, Merck's Bulletin, Nursing Record, The Philanthropist, Teleyraph Journal, Northern Whig, &c.*, have been received.

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